

L17000039406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

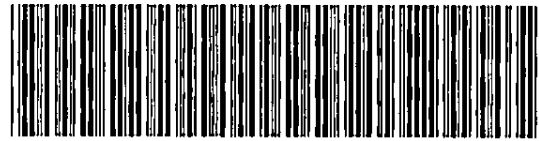
(Business Entity Name)

(Document Number)

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FILED  
2019 OCT 16 PM 6:10  
TALLAHASSEE, FL

NOV 05 2019

C Kinsey

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IL PASTAIO & LA PASTA BOUTIQUE , LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Munoz  
Name of Person

La Pasta Boutique  
Firm/Company

16347 SW 88St.  
Address

Miami, FL 33196  
City/State and Zip Code

ilpasta@miami@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Munoz at ( 786 ) 2006291  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

## Page 1 of 3

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VELARDE, CARLOS A	13774 SW. 88 St. Miami,FL 33196	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	MUNOZ, CATALINA	9455 SW 170 Passage, Miami,FL 33196	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MUNOZ, VICTOR	9455 SW 170 Passage, Miami,FL 33196	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

*(This area is intentionally left blank for amendments. A diagonal line is drawn across the space.)*

10/16/2019

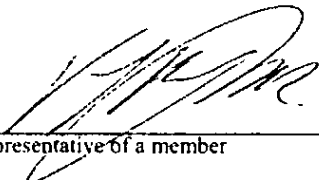
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 15th, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Victor Munoz

\_\_\_\_\_  
Typed or printed name of signee