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## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
IL PASTAIO & LA PAS	STA BOUTIQUE , LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concerr	ning this matter to the following:
Victor Munoz	
Name of Person	
La Pasta Boutique	
Firm/Company	
16347 SW 88St.	
Address	<del></del>
Miami, FL 33196	
City/State and Zip C	Code
ilpastaiomiami@aol.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this i	matter, please call:
Victor Munoz	786 2006291
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the foll	owing amount:
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IL PASTAIO & LA PASTA BOUTIQUE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/20/2017}{2}$ and assigned Florida document number \_\_L17000039406 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Type of Action
AMBR	VELARDE, CARLOS A	13774 SW, 88 St, Miami,FL 33196	
AMDK	101		
			☐ Remove
			☐ Change
AP	MUNOZ, CATALINA	9455 SW 170 Passage, Miami,FL 33196	
			<b>≅</b> Remove
			Change
AR	MUNOZ, VICTOR	9455 SW 170 Passage, Miami,FL 33196	□ Add
			Remove
			Change
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	10/17/2010		
Effective date if other than the	10/16/2019	(on	tional)
Effective date, if other than the If an effective date is listed, the date mus	st be specific and cannot be prior to d	late of filing or more than 90 days aft	er filing.) Pursuant to 605.0207
Note: If the date inserted in this bl	ock does not meet the applicable	statutory filing requirements, the	us date will not be listed as t
document's effective date on the D	epartment of State's records.		
he record specifies a delayed The 90th day after the rec		n effective time, at 12:01	a.m. on the earlier of
Dated October 15th.	2019	, /	$\supset$
Daica	·	1/1/11/1/2	/ !/

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00