

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6333

From: Account Name : GULATI LAW
Account Number : I20130000014
Phone : (407)900-5854
Fax Number : (407)517-4931

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: office@gulatiaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE ROOM OF CHOCOLATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
19 AUG -6 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
19 AUG -6 PM 6:40
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ROOM OF CHOCOLATE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

SARAH GULATI

Name of Person

GULATI LAW, P.L.L.C.

Firm/Company

479 MONTGOMERY PLACE

Address

ALTAMONTE SPRINGS, FLORIDA 32714

City/State and Zip Code

OFFICE@GULATILAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH GULATI

407 900-5054

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6222

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Citizen Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE ROOM OF CHOCOLATE 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 09/28/2017 and assigned Florida document number 117000201279

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FLORIDA 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FLORIDA 32714

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:

GULATI LAW, P.L.L.C.

New Registered Office Address:

479 MONTGOMERY PLACE

Enter Florida street address

ALTAMONTE SPRINGS

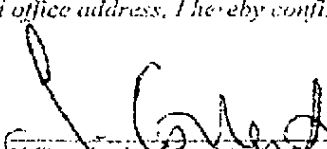
City

Florida 32714

Zip Code

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.


If Changing Registered Agent, Signature of New Registered Agent

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>
MGR/M	SHAH, MEET	479 MONTGOMERY PLACE	☐ Add
		ALTAMONTE SPRINGS, FL	☐ Remove
		32714	☒ Change
AMBR	ZABEN, ANAS	479 MONTGOMERY PLACE	☒ Add
		ALTAMONTE SPRINGS, FL	☐ Remove
		32714	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

19 AUG 6 PM 6:45
FILED

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

100-443886-100

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2010 BY 60322
UCBAW

FILED
19 AUG - 6 PM 6:45
FBI - TAMPA
TAMPA, FLORIDA

F. 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.

(b) The 90th day after the record is filed.

Dated AUGUST 1 2019

Shubhakar

Signature of a member or authorized representative of a member

MELT SHAPE

Typed or printed name of signee