## L18000003931

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nam	ne)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Paladai Br	raze LLC		
SUBJECT:	Name of Lita	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose T Garcia Naranjo		
		Name of Person	<del></del>
	Paladar Breeze LLC		
·		Firm/Company	<del></del>
	5222 3rd ST W		
		Address	
	Lehigh Acres, Fl. 33971		
	tomashomlau95@.gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information c	onceming this matter, please or		
Jose T Garcia Naranjo		at () 219-3878 Area Code Daytime	
. Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 6327 Tallahassee, F1, 32814 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paladar Breeze LLC		
(Name w. the Limited Liabi (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/04/2018	and assigned
lorida document number 1.18000003931	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
A Tu Gusto LLC	_	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	·
•		٠ ٠٠
		17.10:34
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX <sub>L</sub>		
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	<del></del>	rida
	Chy	Zip Code

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

Thereby 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			D Add
			Remove
			Change
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\_ Change

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	10/10/2019
<u>ote:</u> l	e date, if other than the date of filing:  (optional)  tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	and specifies a delayed effective date, but not an affective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ated	
ated _	7.68
ated _	Signaluse of a member or authorized representative of a member

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Filing Fee: \$25.00