118000038148

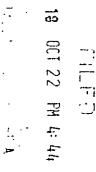
(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

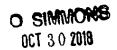
Office Use Only



600319810816

10/22/18--01018--021 **25.00





COVER LETTER

TO:

IO: Registration Section Division of Corpora			
SUBJECT: Pag	Name of Limite	O Retail Fl	orida, LC
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	Enrico	Trevisanat	<u></u>
	pasta & S	Jugo Retail	Florida, UC
	8961 H	arding Ave,	
	Surfsic trevisar	City/State and Zip Code OHOENVICO be used for future annual report not	Damail com
For further information cond			(fication)
Kabir Fru	40 S		3 - 0132 ne Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	following amount: \$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 circlosed)
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 sec, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pasta & Sugo (Name of the Limited Liability Compa	2etail Florida, UC ny as it now appears on our records. Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800038148</u>	22/12/10
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Lumited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Kabir International GroupLIC 1200 Brickell Ave, STESOO Miami, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Kabir International Grup, U 1200 Brickell Ave, STE FOX Miami, FL 33131
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	2
New Registered Office Address:	Enter Florida street address 2 1
	Cay Florida Ty Code
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag	pree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action <u>Address</u> Title <u>Name</u> 1200 Briokell Ave, STE800 Miami, FL 33131 Kabir Frutos □ Remove Change _□ Remove, ☐ Change ☐ Change _□ Add _□ Remove _ Change _ \D \Add _□ Remove ☐ Change _□ Add □ Remove _□ Change

f amending any other information, enter change(s) here: [Attach additional sneets, if necession	ury.j
	7 22
	
Effective date, if other than the date of filing: t an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this cancelment's effective date on the Department of State's records	nal) iling) Pursuant to 605 0207 (3);t date will not be listed as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	m, on the earlier of:
Dated October 12 2018	2- /
Minute //-	
Signature of a member of authorized representative of a member	
Enrico Trevisandto.	

Page 3 of 3

Filing Fee: \$25.00