## P109000311

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

	Registration Se Division of Co			
SUB 197	Emporio It	alian Style		
SUBJEC		Name of Lin	nited Liability Company	<del></del>
The encle	osed Articles of	Amendment and fee(\$) are sub	omitted for filing.	
Please re	turn all correspo	andence concerning this matter	to the following:	
		Alain Stolder		
			Name of Person	<del></del>
		Emporio Italian Style		
			Firm/Company	<del></del>
		250 Ne 25th St Apt 2004		
			Address	<del></del>
		Miami FI 33137		
			City/State and Zip Code	<del></del>
		stolderalain@gmail.com	to be used for future annual report noti	
For furthe	er information o	oncerning this matter, please c		ncanon)
Katy Roc	lrigu <b>e</b> z		786 624-1585	
	Name o	f Person		e Telephone Number
Enclosed	is a check for t	ne following amount:		
□ \$25.0	0 Filing Fec	☐ \$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)
	MATE	INC A PROCES		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emporio Italian Style				
(Name of the Limited Liab (A Flor	ility Company ida Limited Lia	as it now appears o bility Company)	n our records.)	
The Articles of Organization for this Limited Liability	Company w	ere filed on 03/16	/18	and assigned
Florida document number L18000069014	·			—
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabili	ty company here	:	
Emporio Italian Style LLC				
The new name must be distinguishable and contain the words "L	imited Liability	Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>-</del>		
Principal office address MUST BE A STREET ADI	DRESS)			
	<u>-</u>		_	
Inter new mailing address, if applicable:	-			
Mailing address MAY BE A POST OFFICE BOX)				
`66°		<del> </del>		
<ol> <li>If amending the registered agent and/or reg egistered agent and/or the new registered office ad</li> </ol>	gistered offic Idress here:	ce address on o	ur records, <u>ente</u>	er the name of the ne
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida	street address	
			, Florida	
		City	, = ===============================	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		-	
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			□ Change
			Remove
			Change
·			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (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 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 48n1 19 . 2013
- 106/1 Alm
Signature of a member or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00