

18000167762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

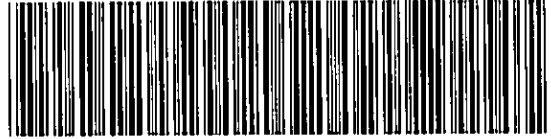
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE NORMAN ON COLLINS 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:

Gianni Toniutti

\_\_\_\_\_  
Name of Person

Tosolini & Lamura LLP

\_\_\_\_\_  
Firm/Company

407 Lincoln Road, Suite 11-C

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

gianni.toniutti@tlrlaw.com

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

For further information concerning this matter, please call:

Gianni Toniutti

3055340420

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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 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**

THE NORMAN ON COLLINS 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 07/11/2018 and assigned  
Florida document number L18000167762.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PAQUIN ART DE VIVRE MIAMI LLC

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:

407 Lincoln Road, Suite 11-C

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, FL 33139

Enter new mailing address, if applicable:

407 Lincoln Road, Suite 11-C

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, FL 33139

**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*

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                    | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|--------------------------------|---|--|
| MGR          | COLLOBERT,<br>JEAN-FRANCOIS    | 407 LINCOLN ROAD, SUITE<br>11-C, MIAMI BEACH FL 33139 | <input type="checkbox"/> Add               |
|              |                                |   | <input type="checkbox"/> Remove            |
|              |                                |   | <input checked="" type="checkbox"/> Change |
| MGR          | FERREIRA DOS SANTOS,<br>THIAGO | 407 LINCOLN ROAD, SUITE<br>11-C, MIAMI BEACH FL 33139 | <input type="checkbox"/> Add               |
|              |                                |   | <input type="checkbox"/> Remove            |
|              |                                |   | <input checked="" type="checkbox"/> Change |
|              |                                |   | <input type="checkbox"/> Add               |
|              |                                |   | <input type="checkbox"/> Remove            |
|              |                                |   | <input type="checkbox"/> Change            |
|              |                                |   | <input type="checkbox"/> Add               |
|              |                                |   | <input type="checkbox"/> Remove            |
|              |                                |   | <input type="checkbox"/> Change            |
|              |                                |   | <input type="checkbox"/> Add               |
|              |                                |   | <input type="checkbox"/> Remove            |
|              |                                |   | <input type="checkbox"/> Change            |
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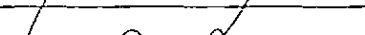
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

SEPTEMBER 11 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee