L18000260431

(Re	equestor's Name)			
(Ac	idress)			
~				
(Ad	ldress)			
	ty/State/Zip/Phone	- 		
(CI	ty/State/Zip/Filon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
ł				
}				

Office Use Only



100354045231

RECEIVED

OCT 2 6 2020

10/27/20--01005--017 **55.00

FILED 2020 OCT 26 PM 3: 45

12/3/20

COVER LETTER

110

TO: Registration Section Division of Corporations				
SUBJECT: Paru Wok Paruvian International Cuisine 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:				
Diana Velasauez Name of Person				
B86 Financial Partners Inc				
601 Heritage Dr # 153A				
Jup:ter F/ 33458				
City/State and Zip Code infoe by financial Partners. Con E-mail address: (to be used for future annual report notitication)				
For further information concerning this matter, please call:				
Diana Velasouez at (561) 529-4923 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee . Certificate of Status Certified Copy				

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee. FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cuisine (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 Florida document number 18000260431 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Heritage Dr. # New Registered Office Address:

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>	Type of Action
MGR	Castanada Taran Alex	5191 SW 6th Ct	□Add
		MArgate F 33068	⊈ Remove
			(Fe hange
MGR	Eduardo M Garcia Barrientos	276 Murcia Dr # 201 Jupiter Fl 33458	00 F 1
	Darrentos	Jupiter Fl 33458	Remake
			Ç. □ChanæG.
	<u> </u>		□Add
			□Change
			□Add
			Remove
			□Change
		<u> </u>	□Add
		<u> </u>	□Remove
			□Change
			□Add
			Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NIA
	
	200 OCT 26
	26 PH
	·
	÷ 5
	<u> </u>
	
fan e Note:	tive date, if other than the date of filing: 10 23 200 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dated	1_1012312020
	Datation.
	Signature of a member or authorized representative of a member
	Carolina Srebot Rodniquet
	1 / 1 / 2 / 1 / A / A / A / A / A / A / A / A / A

Filing Fee: \$25.00