# 118000261864

(F	Requestor's Name)
( <i>f</i>	Address)
(/	Address)
((	City/State/Zip/Phone #)
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1)	Document Number)
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Amend Manie

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**i ALBRITTON** 

# **COVER LETTER**

Division of C	Corporations		
SUBJECT:	NATURAE	E GELATU, LLC	
		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	JOHN	GROMM 24.5 Name of Person	
		Name of Person	
	NATURA	HE GELATO, LLC	
		Firm/Company	
	936	SW IST AVE, U	VIT 265
		Address	
	MiAMI	, FC 33130	
		City/State and Zip Code	
	john.gr	to be used for future annual report notif	رهم.
			ication)
For further information	1 concerning this matter, please c	all:	
JOHN GR	Lommers	ar (571) 329,	-1747
Nam	e of Person	at (571) 32 & Daytimo	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
<b>- - - - - - - - - -</b>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed

TO:

Registration Section

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

NATURAE GELAT	o, LLC	
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on	07/2018 and assigned
Florida document number <u>L 18000 261 864</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GROMMERS AND	PIERGALLIN	i LLC
The new name must be distinguishable and contain THE ENTIRE HE SEED		en in in in the state and a state of the state of
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		一年 九
Enter new mailing address, if applicable:		The or IT
(Mailing address MAY BE A POST OFFICE BOX)		30
(Musting duaress MAT BE AT OST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, enter the name of the ne
registered agent and/or the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
		, Florida
	City	Zip Code
o de la decembre la exercicamentamentamente de cempres la cempres la cempres que exercicamente de cempres que exercicamente de cempres que exercicamente de cempres que exercicamente de cempres de cempres que exercicamente de cempres de cempre	į	
I hereby accept the appointment as registered agent and agre	ee to act in this cana	city. I further agree to comply with th
provisions of all statutes relative to the proper and complete		

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIZ	MARIANNA PIERGALLINI	936 SW 157 AUF UNIT 265 Minni, FL 33130	Add
		MIAMI, FL 33130	Remove
			Change
			B Add
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<b>fective date, if o</b>	other than the date of filing: (optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02
ote: If the date in	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effectiv	ve date on the Department of State's records.
	me a compac comenta campago ser as conteda en conspanso am par eso modul. Done esa estado de amba
ated 10 FE	BRUARY, 2019.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	JUHN GROMMERS, MGRM Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00