# L19000021163

(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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S. YOUNG

## **COVER LETTER**

Division of Cor	porations		
SURIECT:	AANBUS L	DOUGH LLC	
Johannett.	Name of Lim	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EYAL	CARMELI Name of Person	
		Name of Person	
	CARMBL	1 S DOUGH 4C	
		Firm/Company	
	5249 SADO	DUZ BROOK WAY Address	
		Address	
	WESLE Y	CHAPPL , FLORID  City/State and Zip Code	4,33543
		City/State and Zip Code	
	EYAL @ CA	IR MGLI (O. IL to be used for future annual report notific	ativa
			anon)
For further information ed	oncerning this matter, please ca	all:	
EYAL C	trmeli	at (2/3) Area Code Daytime T	39-4846
Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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:

TO:

Registration Section

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

CARMBLIS C	200614	LLC	-					
(Name of the Limited Liability (A Florida	y Company as it Limited Liability	now appear Company)	rs on our	records.)				
The Articles of Organization for this Limited Liability Co Florida document number <u>L19000021163</u>	ompany were t 	iled on	01/	22/20	019	and as	signed	i
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limit	ted liability co	mpany he	e <u>re</u> :					
PASTA DI GUY LLC								
PASTA DI GUY LLC The new name must be distinguishable and contain the words "Limit	ited Liability Con	ipany," the d	lesignatio	n "LLC" or	the abbrev	iation "I	"I"C."	
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDR	FSS)						19	
Trincipal office address most restriction research	<u> </u>			<u> </u>		<del></del>	;3E	
						<del>33 - 11 -</del>	50	<del></del>
r.,						<u>ي</u> 1	<u></u>	
Enter new mailing address, if applicable:							25	
(Mailing address MAY BE A POST OFFICE BOX)						<u> </u>	<u>ئن</u>	
	<del></del>	<del></del> _		<del></del> -	<u>.</u>	<del>=</del> -	8	<del></del>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ddress on	our r	ecords, <u>e</u>	nter the	name	of th	<u>ie new</u>
Name of New Registered Agent:								
								<del></del>
New Registered Office Address:		Enter Flor	rida street	t address				
				P21 4 1				
	Ci	tv	<del>.</del>	, Florid	a	Zip Code		
New Registered Agent's Signature, if changing Registered		,						

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>	<u>Name</u>	Address	Type of Action
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fan eff <mark>Note:</mark>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
ated	3/18/2019
	Egel Carrel
	Signature of a member or authorized representative of a member
	EYAL CARACLI

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Filing Fee: \$25.00