L19000059041

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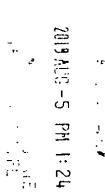




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R. WHITE AUG 0 8 7019

COVER LETTER

TO: Registration Section ¹ Division of Corporations		
SUBJECT: Delicatesses Beis, 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:		
Beis C. Yrigogen		
Delicatesses, Beis, LLC		
1661 Peregine Falcons Way, Apt 204		
Orlando, FL 32837		
Orlando, FL 32837 City/State and Zip Code beis_yriguyen@hodmail.iom E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Beis Grigoger at 321 , 2742822 Name of Person Area Code Daytime Telephone Number	S Yrigoyen at 321 2742822	
Authorite Code Payante Colepande		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Solution Signature		

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



2019 AUG -5 PH 1: 24 The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L1</u>9000059041. 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 "L.L.C." or the abbreviation "L.L.C." 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: New Registered Office Address: Enter Florida street address City

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>	Address	Type of Action
MGR	Beis Yrigogen	1661 Paregrine Falconsway, Apt 204 Orlando, FL 32837	ID Add
			□ Remove
			□ Change
AMBR	Beis Yrigayen	1661 Peregrine Falcons Way, Apt 204 Orlando, Fl 32837	1_tz Add
			Remove
			Change
AMBR (Barbara Arato	1661 Peregrine Falcons Way. Apt 20 orlando FL 32837	<u> </u>
			Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			□ 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 7 26 . 2019 .
Barbara Arato Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00