## L19000163990

(Requ	iestor's Name)	
(Addı	ess)	
(Addr	ess)	
·	•	
	State/Zip/Phone	- 40
(City).	State/Zip/Frione	: ++)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
<u> </u>		
Special Instructions to Fil	ling Officer:	
		1

Office Use Only



900333521559

09/03/19--01019--013 \*\*25.00

2619 SEC -3 AH 8: 30

D. VONTE SO 14 CU

## COVER LETTER.

TO:	Registration Sec Division of Corp			
SHR IF	LA PASTIL			
30130130		Name of Limite	ed Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are subm	uitted for filing.	
Please re	eturn all correspo	ndence concerning this matter to	the following:	
		JOAN M. GROSS		
			Name of Person	
		HAGEN & HAGEN, P.A.		
			Firm/Company	
	3531 GRIFFIN ROAD			
			Address	
		FT. LAUDERDALE, FL 33	3312	
			City/State and Zip Code	
		jgross@hagenlawfirm.com	· · · · · · · · · · · · · · · · · · ·	<del></del> _
		E-mail address: (to	be used for future annual report notific	ation)
For furtl	ter information co	oncerning this matter, please cal	N:	
JOAN N	M. GROSS		954 987-0515 EXT	211
	Name o	f Person	at () Area Code Daytime [	Celephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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:

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 2019 SED -3 AM 8: 30 ARTICLES OF ORGANIZATION OF

LA PASTILLA, LLC				
(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appears. Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited L. Florida document number L19000163990  This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	owing:			_ and assigned
		-	-	
The new name must be distinguishable and contain the w Enter new principal offices address, if applic	able:	1001 N. W. 51ST	COURT	riation "L.L.C."
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	FT. LAUDERDA	LE, PL 33309	
Enter new mailing address, if applicable:		1001 N. W. 51ST	COURT	-
(Mailing address MAY BE A POST OFFICE	BOX)	FT. LAUDERDAI	LE, FL 33309	
B. If amending the registered agent and/or the new registered of	or registered of fice address here	ffice address on o e:	ur records, enter the	name of the new
Name of New Registered Agent:	DAVID MEDI	NA 		<u></u> _
New Registered Office Address:	1001 N. W. 515			<del></del>
			street address	
	FT. LAUDERD	City	, Florida 33309	Cip Code
		Oity.		лр ∪оағ

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 anyending 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>	Name	Address	Type of Action
MGR	DAVID MEDINA	1001 N. W. 51ST COURT, FT. LAUDERDALE, FL 33309	Add
			□ Remove
			Change
		<u> </u>	Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove
			Change
			Add
		□ Remove	
		Change	
			□ Add
			Remove
			Change

DAVID MEDINA - 51% INTEREST	
MAURICE COHEN - 49% INTEREST	
Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date one: If the date inserted in this block does not meet the applicable succurrent's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
AUGUST 8 2019	
Signature of a member or authorized	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00