

L19 000299479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

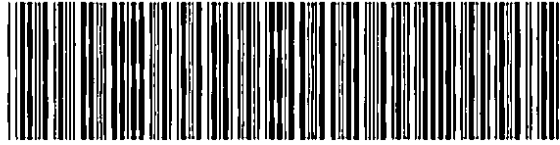
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2023 JAN 24 PM 4:57

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Gabriel Food & Beverage 3 LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie A. Gabriel
Name of Person

Gabriel Food & Beverage 3 LLC
Firm/Company

11854 NW 13th Street
Address

Pembroke Pines FL 33026
City/State and Zip Code

kumaidrinks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Gabriel at (941) 416-7649
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee
☐ \$30.00 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 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

Gabriel Food Beverages LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 12/09/2019 and assigned
Florida document number L19000299479.

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

3600 S State Rd 7 Suite 231
Miramar FL 33023

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

3600 S State Rd 7 Suite 231
Miramar FL 33023

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:

~~Gerald~~ Gabriel

New Registered Office Address:

9135 Gattysburg Rd
Enter Florida street address

Boon

City

Florida

Zip Code

2023 JAN 14 11:57

Do not change
Registered Agent

By 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

[illegible]

[illegible]

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 January 24, 2023
Laurie A. Gabriel
 Signature of a member or authorized representative of a member
Laurie A. Gabriel
 Typed or printed name of signee