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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

	GOURMET LLC	·				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MARILIA SUPLICY					
		Name of Person				
		Firm/Company				
	Address					
	ORLANDO, FL 32837	City/State and Zip Code				
	MARILIASUPLICY@HO		ication)			
For further information c	oncerning this matter, please c	all:				
MARILIA SUPLICY	407 4590436					
Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is a check for th	he 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		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DELICIAS GOURMET LLC

2020 AUG 10 PM 1: 15

(Name of the Limited Liability Company as it now appears on our reconsEPRETARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on $\frac{07/28/2020}{2}$ and assigned Florida document number 1.20000223614 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 "LLC" or the abbreviation "LLC." 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	MARTHA STEWART	915 W SUMNER STREET	
		KISSIMMEE FLORIDA 34741	■Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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		·····	□Add
			□Remove
			□Change

			
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	be specific and cannot be prior to date of the applicable stands and the behavior of the applicable stands.	(optional) of filing or more than 90 days after filing.) Pursu atutory filing requirements, this date will n	
he record specifies a delayed effective ord is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated AUGUST 06	2020		
	MARALAA SUI	OLACY	
	Signature of a member or authorized re	presentative of a member	
	MARALAA S		

Filing Fee: \$25.00