

8/2/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L21000097491

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000292328 3)))



H210002923283ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
 Account Number : I20000000146  
 Phone : (305)444-4994  
 Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 GOURMET DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2021 AUG -2 PM 1:22

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BB  
 8/2/21

2021 AUG -2 PM 1:55  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GOURMET DESIGN LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/01/2021 and assigned  
Florida document number 1.21000097491.

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 "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

Florida

Zip Code

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

FILED  
2021 AUG -2 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2021 AUG -2 PM 4:55  
SECRETARY  
TALLAHASSEE, FLORIDA

2021 AUG -2 PM 4:55  
SECRET  
TALLAHASSEE, FLORIDA

ITD

**Filing Fee: \$25.00**