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	(Requestor's N	lame)
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3. PRATHER

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		
	 Gnaughti G	inocchi's LLC		
SUBJECT:	i	Name of Lim	ited Liability Company	<u> </u>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Stephanie Goebel		
	;		Name of Person	<u>.</u>
		ZenBusiness Inc.		
			Firm/Company	<u> </u>
		5511 Parkerest Drive, Ste.	103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om	
	1	E-mail address: (to be used for future annual report notifi-	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
Stephanie G	oehel c/o Ze	nBusiness Inc.	844 493-6249 at ()	
Name of Person		f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gnaughti Gnocchi's LLC		1022 ALL
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Company were filed on	SS - 1
Florida document number 1.22000160197	·	IN 9
This amendment is submitted to amend the following:		9: 36 SYALE LORIDA
A. If amending name, enter the new name of the lin	nited liability company here:	
Italian Impasta LLC		
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
,		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
l		
T.		
B. If amending the registered agent and/or regi		cords, enter the name of the new
registered agent and or the new registered office and	aress here.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
I		, Florida
	Ciţy	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

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>	<u>Address</u>	Type of Action
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<u>lote:</u> If ocumer	f the date inserted int's effective date (n this block does no on the Department o	ot meet the applicat of State's records.	date of filing or more than ole statutory filing requi	n 90 days after filing, irements, this date	will not be liste	d as t
		he record is file		.	. 2		. •
ated _	une 28		2022	<u>.</u> .			
	/s/ Christopher	Cormier				F. 2	
		Signature of	f a member or authori	zed representative of a mo	ember	7022	
	Christopher Cor	mier				2022 JUL -8 A	
			Typed or printed	name of signee		- (d)	:
	I					F. A	-;
	1		Page 3	3 of 3		AH 9: 38 Florid	
				-		36 HDA	

Filing Fee: \$25.00