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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
		GOURMET LLC			
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		DANIEL M ALPER			
		Name of Person	· 		
	GOO	OD FOOD GOURMET LLC			
	<u> </u>	Firm/Company			
	31 NW 9	TH STREET UNIT 6. SUITE	105		
	Address				
	MIAMI, FLORIDA 33136				
	City/State and Zip Code				
	GOODFOODGOURMET2025@GMAIL.COM				
	E-mail address: (to be used for future annual repo	rt notification)	_	
For further information of	concerning this matter, please c	all:			
DANII	EL M ALPER	305 at ()	335-9352		
Name (of Person	Area Code D	Paytime Telephone No	uniber	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Cer) Cer	00 Filing Fee, tificate of Status & tified Copy is enclosed)	
Mailing Addre Registration		Street Addre Registratio			
Division of Corporations		Division of	Corporations		
				ite 810	
Registration	Section Corporations 27	Registratio Division of The Centre	n Section	ite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 HAY 22 AM 9: 24

GOOD FOOD GOURMET LLC

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

ALL ALLASSEE, ET

(A Florida Lillined Lill	country Configury		
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on _	04/07/2025	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company l	<u>nere</u> :	
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:	31 NW 9TH STREET UNIT 6, SUITE 105		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33136		
Enter new mailing address, if applicable:	31 NW 9	TH STREET UNIT 6, S	UITE 105
(Mailing address MAY BE A POST OFFICE BOX)	МІАМ	I, FLORIDA 33136	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: Name of New Registered Agent:	dress on our	records, <u>enter the na</u>	me of the new regist
New Registered Office Address:	New Registered Office Address: Emer F		
		, Florida _	· · · · · · · · · · · · · · · · · · ·
	City		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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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ffective date, if other than the	05/20/2025	(optional)
an effective date is listed, the date must	be specific and cannot be prior to date of filing or more that does not meet the applicable statutory filing rec	han 90 days after filing.) Pursuant to 605.0207 (
ocument's effective date on the De		1
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the	ne earlier of: (b) The 90th day after the
MAY 20TH	2025	
	ignature of a member or authorized representative of a	member
	DANIEL M ALPER, MGR	

Filing Fee: \$25.00