

W09 0000 47155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

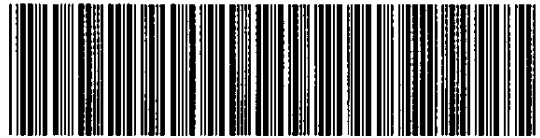
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE
NOV 12 2009
EXAMINER

Cover letter

11/9/09

My phone: 305.350.2700 (w)
781.588.3055 (c)

Return:
Address

Abreu Law Firm
1007 Brickell Bay Dr.
Suite 2206
Miami, FL 33131

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TALLAHASSEE, FLORIDA

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Joseph Wolenski
Joseph Wolenski

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DDD FOOD GROUP ENTERPRISES, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JOSEPH H. WOLENSKI, ESQ.
Name of Person

THE ABREU LAW FIRM, LLC
Firm/Company

1001 BRICKELL BAY DRIVE, SUITE 2206
Address

MIAMI, FL 33131
City/State and Zip Code

WOLENSKI07@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

JOSEPH H. WOLENSKI at (**305**) **396-1439**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---|--|
| MGR | MARIO DOMANTI | 11400 NW 41st Street Doral, FL 33178 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | GIUSEPPE DA PRATO | 11400 NW 42st Street Doral, FL 33178 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 9, 2009

Signature of a member or authorized representative of a member

SALVATORE DOMANTI

Typed or printed name of signee