## W9 0000 47155

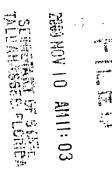
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T. CLINE
NOV 1 2 2009
EXAMINER

## Cover letter

11/9/09

My phone: 305.350, 2700 (u) 781.588.3055 (c)

Return: Address

Abrev Law Firm 1007 Brickell Bay Dr. Svik 2206 Miami, FL 33131 SERVICE AMIL: 03

Joseph Wolenski

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations			
CUDINGE	DDD FOOD GRO	UP ENTERPRISES, LL	С	
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
	JOSE	EPH H. WOLENSKI, ESQ.		
		Name of Person		
	THE	ABREU LAW FIRM, LLC		
		Firm/Company		ಭಾರತ ಕೆಗ್ರಾಡಿ
	1001 BRIC	KELL BAY DRIVE, SUITE	2206	
		Address		i e
		MIAMI, FL 33131		ZISS NOV TO AKTIL: 03
		City/State and Zip Code	,	
	WOL	ENSKI07@GMAIL.COM		
		to be used for future annual report notif	lication)	<b>8</b>
For further information c	oncerning this matter, please	call:		
JOSEP	H H. WOLENSKI	at ( 305 )	396-1439	
Name of Person		Area Code & Daytin	ne Telephone Number	
		•		
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Corporation Court Corporation Court C	on orations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDD FOOD G	ROUP ENTERPRIS	SES, LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	May 14, 2009	and assi	gned	
Florida document number L09000047155	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	ere:			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	oany," the designation "L	LC" or the a	bbreviation	
Enter new principal offices address, if applicable:			<u> </u>	<u></u>	
(Principal office address MUST BE A STREET ADD	DRESS)				
	·	j.		eng s	
	•	20		p Maryers 1991ya Market Parish	
Enter new mailing address, if applicable:				g Herman	
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	-		11-50 m	
			h-	·,	
		Ni:	<del>3                                    </del>		
B. If amending the registered agent and/or reg	istered office address on	our records, enter t	he name of	f the new	
registered agent and/or the new registered office ac	idress here:				
Name of New Registered Agent:					
New Registered Office Address:					
	E	Enter Florida street address , 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 608, 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 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 **Address Type of Action** <u>Title</u> <u>Name</u> MGR MARIO DOMANTI ☐ Add
☑ Remove 11400 NW 41st Street Doral, FL 33178 MGR\_ GIUSEPPE DA PRATO ☐ Add 11400 NW 42st Street ✓ Remove Doral FL 33178 ☐ Add Remove Add Remove ∴ ∏Add SE ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 9 2009 Signature of a member or authorized representative of a member SALVATORE DOMANTI

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee