

L130000030628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

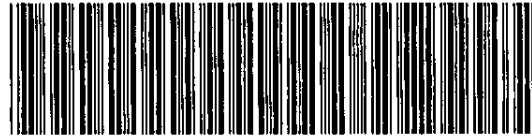
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STATE OF FLORIDA

J. SAULSBERRY
EXAMINER
SEP 4 2013

COVER LETTER

TO: Registration Section
Division of Corporation

SUBJECT: ENZOESPOSITO FOOD, 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:

MARIA GENTILE

(Name of person)

MARTINEZ & NOVEBACI, LLC.

(Firm/Company)

1680 MICHIGAN AVE, SUITE 700

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

ED GONZALEZ, CPA at 305-485-3131

(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

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STATE

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	MARIA GENTILE	1680 MICHIGAN AVE, SUITE 700 MIAMI BEACH, FL 33139	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

2013 SEP -3 AM 8:22
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

Dated AUGUST 15, 2013.



Signature of a member or authorized representative of a member

VINCENZO ESPOSITO

Typed or printed name of signee