## L07000042194

•
(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
(Booding Nambol)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·



600131502596

06/25/08--01009--017 \*\*25.00

OB JUN 25 AN IO: 58

Office Use Only

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: Florida Food Safety Certifications, LLC (Name of Limited Liability Company)						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		Sti Rose (Name of Person)	······			
	Florida Foo	od Safety Certificati	as LLC			
	190 S. Lake	wood Circle (Address)				
	Maitland	(City/State and Zip Code)				
For further information	concerning this matter, please co	all:				
Kristi Ro (Name	OS C e of Person)	at (407) 733-7654 (Area Code & Daytime To	elephone Number)			
Enclosed is a check for	the following amount:	·				
\$25.00 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)			
MAII	LING ADDRESS:	STREET/COURIER	ADDRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

08 JUN 25 AM 10: 58

-	-	Cron	_
Florida Food Safety (Name of the Limited Liability Comps (A Florida Limited)	Certifications Invasit now appears on Liability Company)	JALLAHA  LLC  our records.)	ARY OF STATE SSEE FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>Lolooo42194</u> .	were filed on April	19,2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Approved Florida Food Safety Ce The new name must be distinguishable and end with the words "Lim" L.L.C."	rtifications ited Liability Company,"	LLC the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:	190 South	Lakewood	Circle
(Principal office address MUST BE A STREET ADDRESS)	M - 11 - d	, FL 32751	<u> </u>
The state of the s		, 1 6 306 31	
Enter new mailing address, if applicable:	Ian Sal	th Lakewac	d Coila
	M 11. ad	EL 222C	a circic
(Mailing address MAY BE A POST OFFICE BOX)	- Maitiand	FL 32751	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our r <u>e</u> :	ecords, <u>enter the</u>	name of the new
Name of New Registered Agent:	·····		
New Registered Office Address:			
	(Enter Florida street address)		
		, Florida	
<del>- //</del>	(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 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

<u>Title</u>	Name	Address	Type of Action
····			Add Remove
			— n
			<b>—</b> N
			- Dames
			Damasia
			<b>=</b> ,
). If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	sary.)
			08 JUN 25 A
Pated	June 20th, 200	<u>8</u> .	AHIO: 58
	_ Kristi R	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00