L02000084437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800144569358

02/27/09--01009--029 **25.00

FILED
09 FEB 27 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAR - 2 2009

EXAMINER

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

February 23, 2009

Registration Section
Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Diamante Foods, LLC
#L02000008437

Dear Sir or Madam:

Please find enclosed Articles of Amendment to the Articles of Organization for Diamante Foods, LLC. Also included is our check in the amount $25.00 representative of payment in full of the associated filing fee. Please process this amendment at your earliest convenience and send confirmation to the owners of the address of record.

If you have any questions, please feel free to contact me directly at 407-228-4443. Thank you for your assistance with this matter.

FILED
09 FEB 27 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,

Patrick M Burns, CPA

Cc: Mary Gavin

1918 Hillcrest Street • Orlando, FL 32803
Telephone (407) 228-4443 • Facsimile (407) 228-4503

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Diamante Foods, 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:

Patrick M Burns
(Name of Person)

Patrick M Burns, CPA, PA
(Firm/Company)

1918 Hillcrest Street
(Address)

Orlando, FL 32803
(City/State and Zip Code)

FILED
09 FEB 27 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Patrick M Burns at (407) 228-4443
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Diamante Foods, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/09/2002 and assigned Florida document number L02000008437.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

FILED
09 FEB 27 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:
(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

Title	Name	Address	Type of Action
MGR	Fiesta Hospitality, LLC	8316 SE Palm Street Hobe Sound, FL 33455	☐ Add ☑ Remove
MGR	Mary Gavin	8316 SE Palm Street Hobe Sound, FL 33455	☑ Add ☐ Remove
MGR	Jorge Berlingeri	10820 Blue Palm Street Plantation, FL 33324	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

FILED
09 FEB 27 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated 2/24/09, _____.

Signature of a member or authorized representative of a member

Patrick M Burns

Typed or printed name of signee

Filing Fee: $25.00