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FILED 2009 JUN 12 PM 12: 53 SECRETARY EFFLORIDA

T. CLINE
JUN 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT:								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
MARY ELLEN KRIZER (Name of Person) INGREDIENT DISIEN, LLC (Firm/Company) S61 PONTE VIDA BULLEVARD (Address) PONTE VIDRA BIACH, FL. 32082								
On He Maddress) On He Maddress)								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
PONTE VADRA 1824CH, FL. 3200 City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (Area Code & Daytime Telephone Number 2017 State 2017 Sta								
Enclosed is a check for the following amount:								
□ \$25.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &								

(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGREDIENT DISI	6N, U	<i></i>					
INGREDIENT DESIGNATION (Name of the Limited Liability Comp (A Florida Limited	any as it nov Liability Co	w appear: mpany)	on our r	ecords.)			
The Articles of Organization for this Limited Liability Company were filed on							
This amendment is submitted to amend the following:				ALISE	2009		
A. If amending name, enter the new name of the limited lia KELKE DLS16-N, LLC	ibility comp	any here	<u>:</u>	CRETAI LAHAS			
The new name must be distinguishable and end with the words "Lir" "L.L.C."	nited Liabilit	y Compar	ny," the de	esignation HL	C" or the abbreviatio		
Enter new principal offices address, if applicable:				ORI	ξη (3)		
(Principal office address MUST BE A STREET ADDRESS)	SAM	nc a	5 (V	ang NT	recous		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S.Av	nc A	5 (1	UNBUT	Accords		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:	<u>:re</u> :	,		ds, <u>enter the</u>			
Name of New Registered Agent.	<u> </u>	0 -1010		10			
New Registered Office Address: (Enter Florida street address)					ess)		
			د	Florida			
	(City)				(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen	t:						

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:

<u>Title</u>	Managing Member <u>Name</u>		Address	Type of Action
N'	A	, ; -		Add Remove
,			· .	Add Remove
			Section 1985	Add Remove Add Remove Add Remove 2009 JUN 12 12: 53 TALLAHASSEE, FLORID
		,		STATE Add Remove
				Add Remove
D. If ame	ending any other info	rmation, enter chan	ge(s) here: (Attach addition	al sheets, if necessary.)
M	A			
Dated	4.10.09	.، دار	<i>(</i>	
	Meu Ma/	•	er or authorized representative WOLLECT d or printed name of signee	of a member