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i,				
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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APR -8 2009

**EXAMINER** 

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SECRETARY OF STATE

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## COVER LETTER

SURJECT: GLOBA	L FOOD INTERNA	TIONAL,LLC	<b>•</b>	
	(Name of Lim	ited Liability Company)	<del></del>	
	Amendment and fee(s) are sub	_		
	HASSAN HAMRI			
		(Name of Person)		
	GLOBAL FOOD INTERNATIONAL, LLC			
	(Firm/Company)			-
	8528 PALM PARKWAY		2009 APR -6 F	1
		(Address)	Y OF	į
	ORLANDO, FL 32836		PH 1: 46 OF STATE EE. FLORID	
		(City/State and Zip Code)	RIDA RIDA	
For further information co	oncerning this matter, please c	all:	·	
HASSAN HAMRI		at ( 407 ) 319-2091		
		(Area Code & Daytime T	l'elephone Number)	
Enclosed is a check for th	e 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)	
MAILI	NG ADDRESS:	STREET/COURIER	A ADDRESS:	

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

TO:

Registration Section
Division of Corporations

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL FOOD INTERNATION				
(Name of the Limite	d Liability Company as it nov A Florida Limited Liability Co	v appears on our records.)		
(	A Fiorida Limited Liability Co.	mpany)		
The Articles of Organization for this Limited Liability Company were filed on 03/29/2006 and as				
Florida document number <u>L.06000032572</u>	·#			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability comp	any here:		
The new name must be distinguishable and end w "L.L.C."	oth the words "Limited Liability	y Company," the designation "LLC" or the	appreviation	
Enter new principal offices address, if appli	cable:	TAL	2009 AP	
(Principal office address MUST BE A STRE		22	₹ 7	
		AS	~ =	
		SET	- m	
Enter new mailing address, if applicable:			3 6	
(Mailing address MAY BE A POST OFFICE BOX)		OR.	<del></del>	
		DE A	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, enter the name	of the new	
Name of New Registered Agent:	HASSAN HAMRI	_		
New Registered Office Address: 8528 PALM PARKWAY  (Enter Florida street address)				
	(City)	(Zip Co	de)	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	NABIL CHAKROUNI	540 GOLDENMOSS LOOP OCOEE, FL 34761	Add Remove
			Add Remove
MGRM	HASSAN HAMRI	NEW ADDRESS 2701 HERON LANDING CT ORLANDO, FL 32837	Add Remove
			Add Add Add Reference
<del></del>			APR -6 PH 1:
D. If a mand	ling any other information, anton a	hange(s) here: (Attach additional sheets, if necessar	Add Remove
	ing any other information, enter co	nange(s) nere: (Anach daamonat sheets, y necessar	<i></i>
·			
Dated MARC	:H 1ST , 20	009	
	Signature of a me	priber or authorized representative of a member	
	HASSAN HAMRI	vned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00