

060000 77064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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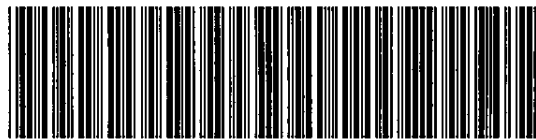
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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M. THOMAS
OCT - 2 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEVON HERITAGE MEATS 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:

EVERED NERISSA NELSON

(Name of Person)

ITA - ILTSCHESSE TRADING ASSOCIATES LLC

(Firm/Company)

1543 KISH BLVD

(Address)

TRINITY FL 34655

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

EVERED NERISSA NELSON at (727) 376 - 7667
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CHEVON HERITAGE MEATS 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 AUGUST 3 2006 and assigned Florida document number L06000077064.

This amendment is submitted to amend the following:

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

ITA - ILTSCHESSE TRADING ASSOCIATES LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1324 SEVEN SPRINGS BLVD

373

NEW PORT RICHEY FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1543 KISH BLVD

TRINITY FL 34655

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:

GLADSTONE S NELSON

New Registered Office Address:

11526 LEDA LANE

(Enter Florida street address)

NEW PORT RICHEY

(City)

Florida 34654

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	G S NELSON	11526 LEDA LANE NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EVERED N NELSON	1543 KISH BLVD TRINITY FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	K W ESPEUT	2500 PALESTA DRIVE TRINITY FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ILTSCHESSE MGMT CO LLC	4409 ECHO BLUFF DRIVE PLANO TEXAS 75204	<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

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

Dated SEPTEMBER 30, 2008

E. N. Nelson

Signature of a member or authorized representative of a member

EVERED N NELSON

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT - 1 AM 10:46

FILED