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DIVISION OF CORPORATIONS

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J. BRYAN

MAR 1 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DB Food Services, (Name of Limited L	iability Company)
The enclosed Articles of Amendment and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	following:
Adell C	Name of Person)
DB Food Serv	(ICLS, LLC (Firm/Company)
607 SE Starf	(Firm/Company) PISM AVE (Address) PISM AVE (Address) PISM AVE (Address) PISM AVE (State and Zip Code)
Port St. Luci	e, FL 34983 /State and Zip Code)
For further information concerning this matter, please call:	
Adell Daly (Name of Person)	at (586) 764 - 5996 (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 & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

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

DB Foods	ervices, LLC	
(Name of the Limited L (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lial Florida document number LO700079	oility Company were filed on 8 3 7 7 8 .	and signed
This amendment is submitted to amend the follow	ving:	CORPORATION OF STATE
A. If amending name, enter the new name of the Service	es, LLC,	5 045
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address here:	Florida street address)
	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered the provisions of all statutes relative to the pro accept the obligations of my position as registo being filed to merely reflect a change in the re company has been notified in writing of this ch	oper and complete performance of m ered agent as provided for in Chapte gistered office address, I hereby con	y duties, and I am familiar with and er 608, F.S. Or, if this document is
	(If Changing Registered Agent, S	ignature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Name | Address Type of Action MGRM 903 Waterford Ct Wilmington, IL 10 Richard Brown MGRM MGR Richard Brown Add Remove]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The address for the principal place of business 222 SW Port Saint Lucie BLVD Unit 106 Port Saint Lucie, FL 34984 2008 Dated January Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00