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PICK-UP WAIT MAIL		
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SECRETARY OF STATE
TAILAHASSEE. FLORID

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EXAMINER

## **COVER LETTER**

SUBJECT: Eclectic 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:		
Vladimis (vsie) (Name of Person)		
Eclectic Foods, LLC (Firm/Company)		
12944 Reaves Road		
Winter Garden F.C. 34787 (City/State and Zin Code)		
(City/State and 21p Code)		
For further information concerning this matter, please call:		
Vladimil or Vicky (vildat (407 877-7171-4072346-7927 (Name of Person) (Area Code & Daytime Telephone Number) 53		
ARRY 29		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\sigma \square \squ		
(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
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### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

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### 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

Eclaratic toods, 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 9-21-2007 and assigned Florida document number L07000099360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Elability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1568 Maguira Road	
(Principal office address MUST BE A STREET ADDRESS)	Ococe, F.L. 34711	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12944 Reavers 1200 de WINTER Garden Ett. 134787	
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:	ladimir Curiel	
New Registered Office Address: 15	(Enter Florida street address)	
	(City), Florida 3476 (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 to 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> Name <u>Address</u> Type of Action Madinie Coriel

Ivette V. Coriel MGB Add Add Remove ☐ Add Remove Remove Remove 🗖 Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member I votte V. (uniel

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00