

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name

: DEL MONTE FRESH PRODUCE COMPANY

Account Number: I2000000225

Phone

; (305)520-8056

Fax Number

: (305)448-6647

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### **EUROGATE CONTRACTORS LLC**

Certificate of Status	0
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**64. Thomas** DEC 12 2004 12/10/2007 H07000296493 3

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

**Eurogate Contractors 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:

Jeffrey S. Bailey, Esq.

(Name of Person)

Bailey Wolfe, PLLC

(Firm/Company)

PO BOX 14-0848

(Address)

Coral Gables, Florida 33114

(City/State and Zip Code)

For further information concerning this matter, please call:

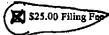
Jeffrey S. Bailey, Esq.

<sub>at (</sub> 305 <sub>)</sub> 520-8155

(Name of Person)

(Area Code & Daytime Telephone Number)

Buclosed is a check for the following amount:



\$30.00 Filing Fee & Certificate of Status



\$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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Eurogate Contractors LLC		
	(Present Name) (A Florida Limited Liability Company)	<del>*                                    </del>	
	10/10/2007		
FIRST:	The Articles of Organization were filed on document number L07000103155		
SECOND:	This amendment is submitted to amend the following:	_	
		<u>.</u>	
	The principal office and mailing address should be changed to	Z <sub>S</sub> 07	
	2332 Galiano Street 2nd Floor Coral Gables, Florida 33134	O7 OEC J	
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		PG A	TIED I
		9: 37 STATE ORIDA	
		<del>-</del> -	
Dated De	cember 10		
	Jeffrey S. Balley, Esq., authorized representative	_	
	Typed or printed name of signee	<b>-</b>	
	Filing Fee: \$25,00		