

608000014372

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 30 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECO APPETITE, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael A. Freeling, Esq.  
(Contact Person)

Gloom + Freeling  
(Firm/Company)

2295 N.W. Corporate Boulevard, Suite 117  
(Address)

Socoraton FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Freeling, Esq. at ( 561 ) 864-0000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ECO APPETITE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 8, 2008 and assigned  
Florida document number L08000014372.

This amendment is submitted to amend the following:

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

(No Change)

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)

(No Change)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(No Change)

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:

(No Change)

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

(No Change)

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

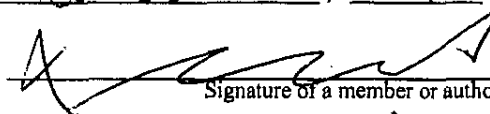
Title	Name	Address	Type of Action
MGRM	Marwan G. Kargan	444 NW 1st Avenue Apt #601 Fort Lauderdale, Florida 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Camil N. Sader	2880 NE 14th Street Apt #501 Pompano Beach, Florida 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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FLORIDA

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

FEI/EIN 26-2121643  
Article V - Membership Restrictions - Percentage consent required to  
admit new member, transfer member interest, approval or disapproval member  
shall be by sixty-six (66%) percent majority.

Dated October 22<sup>nd</sup>, 2009

  
Signature of a member or authorized representative of a member  
Mahmud Arpacilar Managing Member  
Typed or printed name of signer