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09/12/08--01031--008 **25.00

SECRETARY OF STATE

COVER LETTER

COVEREDETTER
TO: Registration Section Division of Corporations
SUBJECT: Coral'S Foods of South Florida, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
B. Alan Dubrow (Name of Person) Dubrow Duker & Associates, P. A (Firm/Company) 5401 N. University Dr, # 204 (Address) Coval Springs FL 33067
For further information concerning this matter, please call:
(Name of Person) at (954) 345-0323 (Area Code & Daytime Telephone Number)
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Status} \ \text{Status} \ \text{Certificate of Status} \ Cer

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

Life of Alica of the Arth Common County Ingles Servicing appropriate

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building

Certified Copy

(additional copy is enclosed)

2661 Executive Center Circle Tallahasseo, FL 32301

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(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coral's Foods or	f South	<u>Florida</u>	LLC	.	
(A Flo	orida Limited Liability	(Company)	1 1 (() ()		
The Articles of Organization for this Limited Liabi	ility Company were	filed on May 2	20, 200 Es	and assigned	Ĭ
This amendment is submitted to amend the following	ing:		RETARY O	SEP 12	*
A. If amending name, enter the new name of th			FISTATE	D 0	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Lis	bility Company," the	designation "I	LC or the abbrev	viation
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:					
	(Enter Florida street address)				
_			_, Florida		
	(Cit	<i>v)</i>		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register	igent and agree to o oer and complete po red agent as provid	erformance of my d led for in Chapter	duties, and I i 608, F.S. Or,	am familiar with if this documen	and
being filed to merely reflect a change in the reg company has been notified in writing of this chi		ss, I hereby confi	rm that the lir	nited liability	

(If Changing Registered Agent, Signature of New Registered Agent)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> MGRM __ Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, processary.) Titles MGR Dated X September , <u>2008</u> . a member or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00