

# W08 0000 70581

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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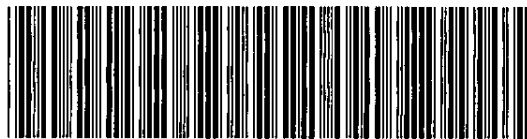
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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M. THOMAS

OCT 27 2008

EXAMINER

W08-70581

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LANDI 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:

Alfonso Martinez  
(Name of Person)  
Hogan & Hartson LLP  
(Firm/Company)  
1111 Brickell Ave, Suite 1900  
(Address)  
Miami, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alfonso Martinez at (786) 247-4000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 24 AM 11:10

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LANDI FOODS 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 07/22/2008 and assigned  
Florida document number 40800070581

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

2828 Coral Way, Suite 300  
Coral Gables, FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2828 Coral Way, Suite 300  
Coral Gables, FL 33145

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:

ALFONSO MARTINEZ

New Registered Office Address:

2828 Coral Way, Suite 300

(Enter Florida street address)

Coral Gables

(City)

Florida

33145

(Zip Code)

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

Alfonso Martinez

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.

Alfonso Martinez

(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FABIO RAFFO	8180 NW 36 Street, #100 Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR MGR	RAUL SAENZ	8180 NW 36 Street, #100 Doral, FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PAOLO RAFFO	8180 NW 36 Street #100 Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CRISTINA LITA	8180 NW 36 Street, #100 Doral, FL 33166	<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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated Sep 26, 2008 [Signature]

Signature of a member or authorized representative of a member

FABIO RAFFO

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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