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PICK-UP	WAIT	MAIL
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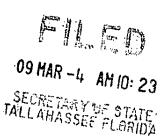
COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Skyfood	Equipments, LLC		0
		ted Liability Company)	<u> </u>
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Julio C. Barbosa		
		(Name of Person)	
	Abadin Cook		
		(Firm/Company)	
	9155 S Dadeland Blvd., S	Suite 1208	
		(Address)	
	Miami, FL 33156		
		(City/State and Zip Code)	
For further information con	cerning this matter, please ca	all:	
Julio C. Barbosa		at (305 ₎ 670-4777	
(Name of	Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☑\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Skyfood Equipments, 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	August 8, 2008	and assigned
Florida document number L08000079928			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
Skyfood Equipment, LLC			
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Co	mpany," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	4		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	7138 Collins	s Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 1125		
	Miami Beac	h, FL 33141	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		10000	
New Registered Office Address:			
		(Enter Florida street a	ddress)
		, Florida	··
	(City)		(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 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

<u>N</u>	<u>ame</u>	Address	Type of Action
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•••			Add Remove
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		****	Add Remove
ending a	ny other information, ent	er change(s) here: (Attach additional sheets, if neces	O9 MAR
			319
	February 26 Signature of	main Situite a member or authorized representative of a member	-4 AMIO: 24 TAKY OF STATE ASSEE PLORID

Page 2 of 2

Filing Fee: \$25.00