

L08000116802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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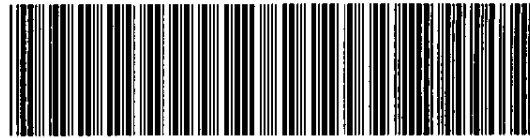
Special Instructions to Filing Officer:

**A. LUNT**

DEC. 13 2010

**EXAMINER**

Office Use Only



700188430487

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 10 PM 1:47

**FILED**

12/10/10--01024--020 \*\*25.00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Florida Specialty Foods LLC  
Name of Limited Liability Company

STATE TARY OF STATE  
TALLAHASSEE, FLORIDA

2018 DEC 10 PM 1:47

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beha Konrad  
Name of Person

Florida Specialty Foods LLC  
Firm/Company

P.O. Box 3544  
Address

Clearwater FL 33767  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beha Konrad at (727) 724-4512  
Name of Person Area Code & Daytime Telephone 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**

\_\_\_\_\_  
**(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 12/24/2008 and assigned  
Florida document number L08000116802

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)**

5993 Willow Bridge Loop  
Ellenton FL  
34222-5219

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, 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

MGRM = Managing Member

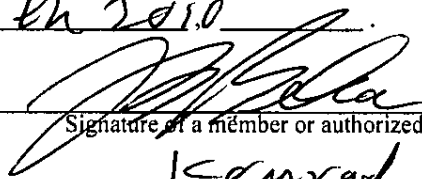
Title	Name	Address	Type of Action
MGRM	Buck Lindsey	880 Mandalay Ave. U.C. 301 Clearwater FL 33767	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Beha Andrew	880 Mandalay Ave. U.C. 301 Clearwater FL 33767	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
28 DEC 10 PM 4:47  
CLERK OF DISTRICT COURT  
FALL HARBOR, FLORIDA

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

change address for Beha Konrad, OWNER  
8 Beha Edith to 5993 Willow Bridge Loop  
Ellenton FL  
34222-5219

Dated Dec. 7th 2010



Signature of a member or authorized representative of a member

Konrad Beha

Typed or printed name of signee