## LIA000005730

|   | (Request  | tor's Name   | 9)        |  |
|---|-----------|--------------|-----------|--|
|   | (Address  | 3)           |           |  |
|   | (Address  | 5)           |           |  |
|   | (0., 10)  | A. (7) . (D) | 40        | <u>,                                      </u> |
|   | (City/Sta | te/Zip/Pho   | one #)    |  |
| PICK-UF                                 | · [       | ] WAIT       |           | MAIL .   |
|   | (Busines  | s Entity N   | ame)      | ·<br>·   |
| *************************************** | (Docume   | ent Numbe    | r)        | :  |
| Certified Copies                        |           | Certificat   | es of Sta | tus  |
| Special Instructions                    | to Filing | Officer:     |           |  |

L. SELLERS

AUG - 7 2009

**EXAMINER** 

Office Use Only



000159213720

08/06/09--01021--021 \*\*60.00

SECRETARY OF STATE

## Memo

To: Florida Department of State

From: Sherri Vesco

Date: August 3, 2009

Re: Change name, and address on file# L09000005730

This is a cover letter for the following:

Attached please find the change of:

- Name of LLC
- Address
- Registered Agent
- Daytime phone: 954-826-0366
- Return Address: 5851 Holmberg Road # 3611, Parkland, Florida 33067

Thank you,

Sherri Vesco

954-826-0366

## **COVER LETTER**

| SUBJECT:                    |  | s Green Market, LLC ted Liability Company                        |  |
|-----------------------------|--|--|--|
| The enclosed Articles of    | Amendment and fee(s) are sub               | omitted for filing.  |  |
| Please return all corresp   | ondence concerning this matter             | to the following:  |  |
|                             |  | Sherri Vesco Name of Person                                      |  |
|                             |  | Firm/Company   |  |
|                             | 5851 F                                     | Holmberg Road Apt# 3611  |  |
|                             |  | City/State and Zip Code  | <del></del>  |
|                             | E-mail address: (1                         | errivesco@gmail.com o be used for future annual report notific   | ation)   |
| For further information     | concerning this matter, please c           | all:   | •  |
| Sherri Vesco Name of Person |  | at ( 954 ) 8 Area Code & Daytime                                 | 326-0366<br>Telephone Number   |
| Enclosed is a check for t   | the following amount:                      |  |  |
| \$25.00 Filing Fee          | \$30.00 Filing Fee & Certificate of Status | S55.00 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** 

TO:

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

| South Flor   | rida's Choice                                   | <u>e Green Market</u>                        | , LLC                                    | <del></del>                             |
|--|---|--|--|---|
| (Name of the Limited   | Florida Limited I                               | ny as it now appears o<br>Liability Company) | n our recoras.)                          |   |
|  |   |  |  |   |
| The Articles of Organization for this Limited Li   | iability Company                                | were filed on                                | 01/20/2009                               | and assigned                            |
| Florida document number L0900005   | <u>5730                                    </u> |  |  |   |
|  |   |  |  |   |
| This amendment is submitted to amend the following   | owing:  |  |  |   |
| A. If amending name, enter the new name of   | f the limited liab                              | oility company here:                         |  |   |
|  |   | e & Dairy, LLC                               |  |   |
| The new name must be distinguishable and end wit "L.L.C."  | h the words "Limi                               | ited Liability Company,                      | " the designation "L                     | LC" or the abbreviation                 |
| Enter new principal offices address, if applicable:  |   | 5851 Holmberg Road # 3611                    |  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   | Parkland, Florida 33067                      |  |   |
|  |   |  |  |   |
|  |   |  |  |   |
| Enter new mailing address, if applicable:  |   | 5851 Holmberg                                | Road # 3611                              |   |
| (Mailing address MAY BE A POST OFFICE  | BOX)  | Parkland,Florida 33067                       |  |   |
|  |   |  |  |   |
| B. If amending the registered agent and/oregistered agent and/or the new registered of   |   |  | records, enter t                         | he name of the new                      |
| Name of New Registered Agent:  | Sherri Vesc                                     | 0  |  | <del></del>                             |
| New Registered Office Address:   | 5851 Holmberg Road # 3611                       |  | * • • •                                  | O9 A                                    |
|  |   | Enter  | Florida street addi                      | त क्र                                   |
| Parkland   |   | Parkland                                     | Florida 865 33067                        |   |
|  |   | City   | ,  | Zip & de                                |
| New Registered Agent's Signature, if changing I  | Registered Agent:                               | <u> </u>                                     |  | SIAI SIAI                               |
| I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regingled to merely reflect a change in the | roper and comp<br>stered agent as j             | plete performance of<br>provided for in Chap | my duties, and I a<br>oter 608, F.S. Or, | m familiar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = 1     | Managing Member                |  |  |
|--------------|--------------------------------|--|--|
| <u>Title</u> | <u>Name</u>                    | Address  | Type of Action                             |
|              |                                |  | □ Damaya                                   |
|              |                                |  | Add Remove                                 |
|              |                                |  | □ Damaria                                  |
| <u> </u>     | ····                           |  | AddRemove                                  |
|              |                                |  | Damova                                     |
| <del> </del> |                                |  | Damaya                                     |
| D. If amen   | nding any other information, e | nter change(s) here: (Attach additional sheets   | , if necessary.)                           |
| _            |                                |  |  |
| <del>-</del> |                                |  | SEC SEC                                    |
| Dated        | August 3                       | 2009   | FILE 09 AUG -6 PI SECRETARY OF TARLAHASSEE |
|              | Signat <del>ure</del>          | of a member or authorized representative of a mem  Sherri Vesco  Typed or printed name of signee |  |
|              |                                | - 1 h or h   | <b>P</b>                                   |

Page 2 of 2

Filing Fee: \$25.00