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(Re	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phone	e #)
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ECRETARY OF STATE

D. BRUCE
AUG 2 8 2009
EXAMINER

COVER LETTER

Registration Section

TO:

Divis	sion of Corporations		
SUBJECT: _	Culinary F	Produce & Dairy LLC	
SUBJECT.		mited Liability Company	_
The enclosed	Articles of Amendment and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this mat	ter to the following:	
		Sherri Vesco	
		Name of Person	
	Cu	linary Produce & Dairy LLC	
		Firm/Company	
	585	1 Holmberg Road Apt# 3611	
		Address	 る
		Parkland, Florida 33067	FIL 09 AUG 27 SECRETARY CLLAHASS
		City/State and Zip Code	
		sherrivesco@gmail.com s: (to be used for future annual report notification)	— m-c
Car firether ini	formation concerning this matter, pleas	•	PHIZ: OF STA
1 Or Todalor III	tornation concerning this matter, proces	o can.	LORS IN: C
·	Sherri Vesco	at (954) 826-0366	36 RIDA
	Name of Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a	check for the following amount:		
	ing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy tional 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	3:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Culinary	Produce & Dairy I	<u>_LC</u>	
(Name of the Limited Liabili (A Florida	<u>lty Company as it now app</u> a Limited Liability Compan	<u>cars on our records.</u>) y)	
· ·			
The Articles of Organization for this Limited Liability	Company were filed on _	JANUARY 20, 2009	and assigned
Florida document numberL0900005730	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Con	mpany," the designation "LLC	' or the abbreviation
Enter new principal offices address, if applicable:		Ā,	
(Principal office address MUST BE A STREET ADI	DRESS)		S 9
	- The state of the		
		SE	7
Enter new mailing address, if applicable:	<u></u>	<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		LORID	<u> </u>
		36	<u>အ</u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		n our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
<u></u> -			, Florida
	City	2	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	and complete performan agent as provided for in cred office address, I her	nce of my duties, and I am f Chapter 608, F.S. Or, if th	familiar with and his document is

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 **Type of Action Address** Title **Name MGRM** Robert Vesco 5851 Holmberg Road Apt# 3611 ☐ Add Parkland Florida 33067 ✓ Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 19 2009 Dated_ Signature of a member or authorized representative of a member Sherri Vesco Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00