L09000047197

(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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12 OCT 31 AM IQ: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.

B. KOHR

NOV - 8 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2012

ROBERT LAIRD FOOD GROUPS UNLIMITED, LLC 1519 CAPITAL CIRCLE N.E., #37 TALLAHASSEE, FL 31308

SUBJECT: FOOD GROUPS UNLIMITED LLC

Ref. Number: L09000047197

12 OCT 31 MM ID: 25

We have received your document for FOOD GROUPS UNLIMITED LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment form must be signed. Please sign and return the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 212A00026720

Please see the attached sheet to remove, me from an Lic. as a managing member.

Daytime Phone # (850) 445-9777

Return Address

Kevin Dennin 2500 Merchants Row Blud #158 Tallahassee, FL 32311 12 OCT 3 IN IN. 25

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Food Grou	ps Unlimited, LLC	
Sobsect		ted Liability Company	
			ALE ROLL
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	SSECTION
		Robert Laird	25
		Name of Person	P
	Foo	d Groups Unlimited, LLC	
		Firm/Company	
1519 Capital Circle NE #37			
		Address	
Tallahassee FL, 32308 City/State and Zip Code			
	E-mail address: (foodgroupsunlimited.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
ĸ	(evin Dennin	at (850) 4	45-9777
	Name of Person Area Code & Daytime Telephone Number		Celephone 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:

TÓ:

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

Food Groups Unlimited, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 5/14/2009 The Articles of Organization for this Limited Liability Company were filed on ____ L09000047197 Florida document number 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) 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:

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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> Type of Action **Address MGRM** Kevin Dennin ☐ Add ☑ Remove 2500 Merchants Row Blvd #158 Tallahassee FL 32311_____ ☐ Add Remove Remove Remove ∏Add _∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) /s/ KEVIN DENNIN Signature of a member or authorized representative of a member

Typed or printed name of signee

Kevin Dennin

Filing Fee: \$25.00