

LD9000074502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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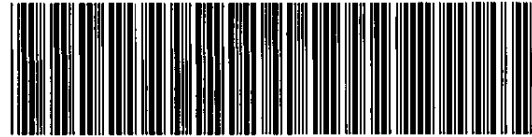
(Business Entity Name)

(Document Number)

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10 AUG 23 PM 3 37
CLERK OF COURT
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 24 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEAVENLY TOUCH FOOD SERVICE LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SIGFREDO RIVERA

Name of Person

Firm/Company

527 BELVOIR DR

Address

DAVENPORT, FL 33837

City/State and Zip Code

RIVERASIGFREDO@GMAIL.COM

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

For further information concerning this matter, please call:

SIGFREDO RIVERA

Name of Person

at (**321**)

663-2660

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

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10 AUG 23 PM 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 August 4, 2009 and assigned Florida document number L09000074502.

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)

2021 Cypress Bay Blvd.
Kissimmee, FL 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2501 Asher Road St. Cloud
FL 34771

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:

Olga L. Riera

2021 Cypress Bay Blvd. Kissimmee
Enter Florida street address

Kissimmee

City

Florida

10 AUG 23 PM 10:03
FILED
TALLAHASSEE
FLORIDA
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.

Olga L. Riera
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SIGFREDO RIVERA	527 BELVOIR DR DAVENPORT, FL 33837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	OLGA IRIS RIVERA	CALLE K J 22 JARDINES DE CAROLINA CAROLINA, PR 00987	<input checked="" 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

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

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10 AUG 23 PM 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated agosto 19, 2010

Sigfredo Rivera

Signature of a member or authorized representative of a member

Sigfredo Rivera

Typed or printed name of signee