

L09000089012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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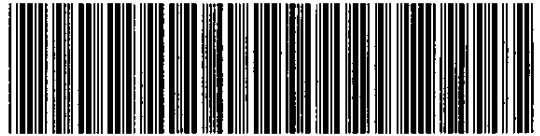
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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T. HAMPTON

DEC 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELTA FOOD 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:

MARIE NADEGE CLICQUOT
Name of Person

DELTA FOOD, LLC
Firm/Company

7127 GRAY SHADOW ST
Address

ORLANDO FL 32818-8350
City/State and Zip Code

johnarusse@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

407-844-7962

MARIE NADEGE CLICQUOT at 407-967-0857
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**

DELTA FOOD LLC

(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 9-15-2009 and assigned

Florida document number L09000089017

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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)

7127 GRAY SHADOW ST
ORLANDO FL 32818-8350

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7127 GRAY SHADOW ST
ORLANDO FL 32818-8350

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:

MARIE NADEGE CLICQUOT

New Registered Office Address:

7127 GRAY SHADOW ST

Enter Florida street address

ORLANDO

City

Florida

32818-8350

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROSE S. DASILMA	6609 LA JOLLA ST ORLANDO FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIE N. CLICQUOT	7127 GRAY SHADOW ST ORLANDO FL 32818	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOHNNY NARCISSE	7127 Gray Shadow ST ORLANDO, FL 32818	<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

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

SAM DASILMA FORMER REGISTERED AGENT
and ROSE S. DASILMA FORMER MGRM
are NOT RESPONSIBLE FOR any debt and/or
LIABILITY OF DELTA FOOD, LLC

Dated December 11th, 2009.



Signature of a member or authorized representative of a member

MARIE N. CLICQUOT

Typed or printed name of signee

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