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SECRETARY OF STATE
MYISTON OF CORPORATIONS

09 SEP 23 AM II: 28

T. HAMPTON
SEP 2 4 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	DR FOOD D	ISTRIBUTORS LLC	
			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			MARITZA REYES Name of Person	
DR FOOI			OOD DISTRIBUTORS LLC	
			Firm/Company	
2213		3 FORSYTH RD APT 2D Address		
		C	DRLANDO, FL 32807	
			City/State and Zip Code	
For fur	ther information	E-mail address: (to be used for future annual report not	dification)
		ERT ACEVEDO	at (407)	344-1012
			med code to Day a	nie reiepione Manoer
Enclose	ed 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)
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corpe Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

DR FOOD I	DISTRIBUTORS LI	<u>.C</u>	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Conference Florida document number L09000090025	ompany were filed on	9/17/09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here	:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compar	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	PESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRETARY OF CORPUR VISION OF CORPUR 09 SEP 23 MI
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ur records, <u>enter</u>	the name of the new 25
Name of New Registered Agent:			
New Registered Office Address:	Fut	er Florida street ad	drass
	Enti	zi i ioriaa sireel aa	ui ess
		, Florida	7. 0.1
	Citv		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>	Address	Type of Action
MGRM	ALBERTO TAVERAS	2213 FORSYTH RD APT 2D ORLANDO, EL 32807	Add Remove
MGRM_	MARITZA REYES	2213 FORSYTH RD APT 2D ORLANDO, FL 32807	Add _☑ Remove
<u> </u>			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			SECRETATION OF SEP
Dated	+ (Manya Reya	· · · · · · · · · · · · · · · · · · ·	FU.ED. ARY OF STATE F CORPORATIO 23 AM II 29
	Signature of almember M	or authorized representative of a member ARITZA REYES or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00