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K. SALY EXAMINER MAY 2 2011

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJI	ECT:	FONTANO	DLI FOODS, LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			GELSI M. OLIVIERO		
			Name of Person		
		FOI	NTANOLI FOODS, LLC		
			Firm/Company	, , , , , , , , , , , , , , , , , , , ,	
			330 N.E. 2ND AVENUE	:	
			Address		
M i			MI, FLORIDA 33179 U	S	
			City/State and Zip Code	•	
gel: E-mail address: (si@fontanolifoods.com o be used for future annual report	t notification)	_
For fur	ther information con	cerning this matter, please c	all:		
		M. OLIVIERO	at (_954_)	687-3067	
	Name of P	erson	Area Code & D	aytime Telephone Num	ber
Enclos	ed is a check for the	following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAILIN	G ADDRESS:	STREET/CO	OURIER ADDRESS	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IT ADD	
" MFR 28 A.	
IS THE STATE OF STATE	i
Is.) "MASSEE, FLORIDE	d
UUA	

FO	NTANOLI FOODS, LLC	TATTEMATOR		
(Name of the Limited L (A)	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.) All SSEE, FLORIDA		
The Articles of Organization for this Limited Lia	bility Company were filed on OCTC	BER 6, 2009 and assigned		
Florida document number L090000966	<u>640 </u> .			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)			
B. If amending the registered agent and/or registered agent and/or the new registered offi		cords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street address		
	City	, 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.

It mending 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

Title	Name	<u>Address</u>	Type of Action
MGRM	Fontana Poultry Packing, C.A.	C/O GELSI M. OLIVIERO 960 LAKEWOOD COURT WESTON, FLORIDA 33326 US	Add Remove
			Add Remove
			Add Remove
 			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
******			_
	April 18 (%)201	1.	- -
Dated	Mala		
_	GBLS	authorized representative of a member I.M. OLIVIERO printed name of signee	

Page 2 of 2

Filing Fee: \$25.00