

LO9000105596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

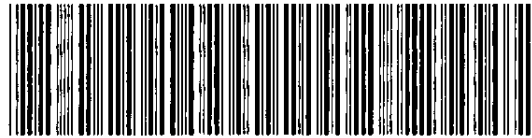
Special Instructions to Filing Officer:

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09 DEC - 8 AM 11:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. Todd DEC 08 2009

From: Sandra I. Puebla  
6461 Lee Street  
Hollywood, FL 33024  
FEI# 27-1234407  
Registration # L09000105596

To: Registration Section  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

November 24, 2009

To Whom It May Concern:

I received a letter from the Dept. of State's Division of Corporations (Letter # 309A00035788 – see attached copy) indicating that I “cannot cancel a corporation on a fictitious name application”. However, please note that I do not want to cancel the LLC, all I want to do is change the name from F&B Delights LLC to International Premium Delights LLC.

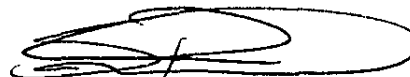
Attached please find the correct forms to change the name of my LLC. I sent a \$90.00 check which was already cashed by the Dept. of State. Please apply this money to the attached amendment and have the difference refunded to:

Sandra Puebla  
6461 Lee Street  
Hollywood, FL 33024

Any questions or concerns, please feel free to email me at [sandra.puebla@gmail.com](mailto:sandra.puebla@gmail.com) or call me at 917-865-9539.

Thank you for your cooperation and I look forward to receiving the Certificate of status and certified copy with the new name (International Premium Delights LLC).

Yours truly,



Sandra Ivette Puebla

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: F&B Delights 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:

Sandra I. Puebla

Name of Person

F&B Delights LLC

Firm/Company

6461 Lee Street

Address

Hollywood

FL

33024

City/State and Zip Code

sandra.puebla@gmail.com

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

For further information concerning this matter, please call:

Sandra I. Puebla

Name of Person

at ( 917 )

865-9539

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

(\*) \$ 90<sup>00</sup> check  
Cashed by Dept.  
of State on Nov. 9  
2009

④ please see instructions  
for refund on 1<sup>st</sup> page

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

**F&B Delights 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 November 2, 2009 and assigned  
Florida document number ☐ L09000105596.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

☐ International Premium Delights LLC

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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida

City

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>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated November 24, 2009.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Sandra I. Puebla  
\_\_\_\_\_  
Typed or printed name of signee