

L09000113802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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A. LUNT

DEC 14 2009

EXAMINER

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2009 DEC 10 PM 1:17
TALLAHASSEE, FLORIDA

Law Offices
GEOFFREY M. WAYNE, P.A.
Suite 330
2929 S.W. Third Avenue
Miami, Florida 33129-2710

Telephone 305.381.8108
Facsimile 305.381.8109

GEOFFREY M. WAYNE

gmw@abogadomiami.com www.abogadomiami.com

December 9, 2009

SENT VIA FEDERAL EXPRESS

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

Re: Chef Food Industries LLC

Dear Sirs:

Enclosed please find the following documents regarding the above captioned company:

1. Completed and executed form for Articles of Amendment to Articles of Organization;
2. Our firm's check No.: 9697 in the amount of \$25.00 to cover the filing fee;

Should you have any questions, please do not hesitate to contact our office.

Sincerely yours,

GEOFFREY M. WAYNE, P.A.



Elisabet Valls
Legal Assistant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chef Food Industries 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:

Elisabet Valls

Name of Person

Law Offices of Geoffrey M. Wayne, P.A.

Firm/Company

2929 SW 3rd Avenue, Suite 330

Address

Miami, FL 33129

City/State and Zip Code

ev@abogadomiami.com

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

For further information concerning this matter, please call:

Elisabet Valls

Name of Person

at (305)

381-8108

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**

Chef Food industries 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 11/30/2009 and assigned
Florida document number L09000113802.

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)

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

_____, **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:

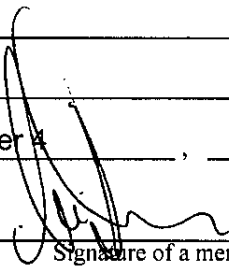
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dorel Mitrut	1001 Brickell Bay Drive Suite 2406 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Raphael Jaar	1001 Brickell Bay Drive Suite 2406 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stanley Vincent	1001 Brickell Bay Drive Suite 2406 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Govia Food Industries, Inc.	1001 Brickell Bay Drive Suite 2406 Miami, FL 33131	<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

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TALLAHASSEE, FLORIDA

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

Dated December 4, 2009



Signature of a member or authorized representative of a member

Dorel Mitrut

Typed or printed name of signee