

L110000013800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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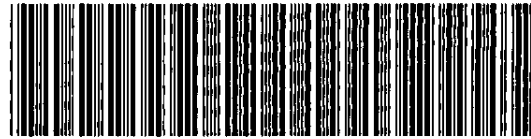
(Business Entity Name)

(Document Number)

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2011 OCT 25 AM 11:23
TALLAHASSEE, FLORIDA
CLERK OF STATE

T. HAMPTON

OCT 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adames 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:

Maria Fernanda Tronchoni

Name of Person

Adames Food LLC

Firm/Company

5055 Collins Ave apt 6C

Address

Miami Beach, FL, 33140

City/State and Zip Code

mafetronchoni@gmail.com

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

For further information concerning this matter, please call:

Maria Fernanda Tronchoni

Name of Person

at (772)

4185026

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

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(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida document number L10000013800

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

Miami Beach Fl 33140

Page 1 of 2

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>JUAN MANUEL ADAMES</u>	<u>60 PARK DR UNIT A, BAL HARBOUR</u> <u>FL 33154</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>CLEMY DONOFRIO</u>	<u>60 PARK DR UNIT A, BAL HARBOUR</u> <u>FL 33154</u>	<input type="checkbox"/> Add <input checked="" 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

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

Dated 10/14, 2011

Signature of a member or authorized representative of a member

MARIA FERNANDA TRONCIONI

Typed or printed name of signee

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TALLAHASSEE, FLORIDA