## L11000013800

(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:				

Office Use Only



600213033616

10/25/11--01012--007 \*\*25.00

2011 OCT 25 AM 11: 23

T. HAMPTON

EXAMINER

## **COVER LETTER**

Registration Section

:O:

_ Division of Co.	rporations	u	- set
SUBJECT:	Adam	es Food LLC	
CBSECT.		ted Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
'lease return all corresp	ondence concerning this matter	to the following:	
	Ma	ria Fernanda Tronchoni	
		Name of Person	<del></del>
		Adames Food LLC	
		Firm/Company	
	50	055 Collins Ave apt 6C	
•		Address	
	Mi	iami Beach, FL, 33140	
		City/State and Zip Code	
	maf E-mail address: (	etronchoni@gmail.com to be used for future annual report notifi	cation)
'or further information	concerning this matter, please c	·	
Maria E		770	4405000
	ernanda Tronchoni of Person	at ( //2 ) Area Code & Daytime	4185026 Telephone Number
Inclosed is a check for t	he following amount:		
∑\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerulana Tallahassee, FL 325	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

<u> </u>	F	· Improve a supported to the state of the st	F-I-L-	.E-D
_			<u> 2011 OCT 25</u>	
Adames F  (Name of the Limited Liability Compa (A Florida Limited I			TALLAHASSE and assig	OF STATE
lorida document number <u>L10000013800</u> .			<u> </u>	
This amendment is submitted to amend the following:				•
. If amending name, enter the new name of the limited liab	ility company her	<b>e:</b>		
he new name must be distinguishable and end with the words "Limi	ted Liability Compa	ny," the designation	"LLC" or the ab	breviation
nter new principal offices address, if applicable:	5055 Collins A	Ave Apt 6C		
Principal office address MUST BE A STREET ADDRESS)	Miami Beach Fl 33140			
nter new mailing address, if applicable:	5055 Collins A	Ave Apt 6C		
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	<del></del>			<del>_</del>
New Registered Office Address:				

Vew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he 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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

MGR = Manager MGRM = Managing Member					
<u> [itle</u>	Name	Address	Type of Action		
MGRM	JUAN MANUEL ADAMES	60 PARK DR UNIT A, BAL HARBOUR EL 33154	Add Remove		
<u>//GRM</u>	CLEMY DONOFRIO	60 PARK DR UNIT A, BAL HARBOUR EL 33154	Add Remove		
			Add Remove 		
•	<del></del>		Add Remove 		
<del>u 100</del>	· · · · · · · · · · · · · · · · · · ·		Add Remove		
			Add Remove		
). If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	FILED 2011 OCT 25 AM 11: 23		
 Dated	10/14 , 2	2011	23 RICA		
	HARVÍA FER	er or authorized representative of a member  UANDA. TONCHONI  ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00