

L10000014091 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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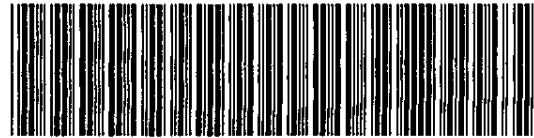
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 16 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AYRES Food Group 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:

Madeline D. Longaray, P.A.
Name of Person

Longaray & Associates
Firm/Company

8360 W. Flagler St. #203
Address

Miami - FL 33144
City/State and Zip Code

madeline@longaray.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeline D. Longaray at (205) 553-9801
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ayres Food Group 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 FEB 8/2010 and assigned Florida document number L10000014091.

This amendment is submitted to amend the following:

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

N/A

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)

2950 Glades Circle, Ste #12
Weston - FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 Glades Circle Ste #12
Weston - FL 33326

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:

Madeleine D. Longoray

New Registered Office Address:

8360 W. Flagler St. #208

Enter Florida street address

Miami

Florida

City

Zip Code

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2009

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.

Madeleine D. Longoray
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

Title	Name	Address	Type of Action
MGRM	HELENA MARIA TAYLOR DeKRAFT	2950 Glades Circle #12 Weston - FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OSCAR G. KRAFT	2950 Glades Circle #12 Weston - FL 33326	<input type="checkbox"/> Add <input type="checkbox"/> Remove (address change)
			<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.)

[Handwritten signature and initials over a large 'X' mark]

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TALLAHASSEE, FLORIDA

Dated NOV 9 2011
[Handwritten signature]
Signature of a member or authorized representative of a member
OSCAR G. KRAFT
Typed or printed name of signee