

Mar 15 2010 2:28PM

NICK SPRADLIN

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P. 1

Division of Corporations

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10000021138

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN
Account Number : 120070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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10 MAR 15 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ITALIAN FOODS LLC

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S. HAWKES

MAR 16 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H100000586503

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

ITALIAN FOODS 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 02/24/2010Florida document number L10000021138

This amendment is submitted to amend the following:

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

EUROPEAN FOOD DISTRIBUTOR, 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)

100 ALMERIA AVE SUITE 350
CORAL GABLES FL
33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 343455
FLORIDA CITY, FL
33032

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 (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, Signatures of New Registered Agent)

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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	
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Signature of a member or authorized representative of a member

GUILLERMO M. ALVAREZ

Typed or printed name of signee

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