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COVER LETTER

TO: Registration Section '
Division of Corporations

GOLANI PRODUCE, 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:

JODI RONEN

Name of Person

ACCU-TAX & ACCOUNTING SVS

Firm/Company

130 NE 4TH AVE

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

GIJORO@AOL.COM

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

For further information concerning this matter, please call:

JODI RONEN

{.,/}954\574-0081

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 Cop ♀ ♀ ♀ (additional copyets enclose)

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

GOLANI PRODUCE, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number <u>L10000024048</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
GOLANI INVESTMENTS, LLC		
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	201 : SE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		F 6
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> MGR	Name JODI RONEN	Address 1 11925 NW 11TH CT	ype of Action
	OODITIONEIT	CORAL SPRINGS	Add
		FL 33071	Remove
			Add
	·		Remove
			Add
		SEERT IN RY LAMASSEE	Remove
		TIRY @	
		ES TERRIDA	Add Remove
	·		'GA'
·			Add
			Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove

). If amending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)
•	
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	A Roman
	of a member or authorized representative of a member
GIL RÖNEN MGRI	M
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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