

L10000034713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

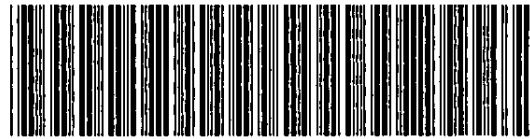
(Document Number)

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JUN - 8 2012  
EXAMINER



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2012

PATRICIA GONZALEZ  
66 WEST FLAGLER STREET SUITE 1001  
MIAMI, FL 33130

SUBJECT: GOURMET FOODS EMPORIUM, LLC  
Ref. Number: L10000034713

We have received your document for GOURMET FOODS EMPORIUM, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 912A00014840

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Gourmet Foods Emporium, 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:

Patricia Gonzalez

Name of Person

Gourmet Foods Emporium, LLC

Firm/Company

66 West Flagler Street, Suite 1001

Address

Miami, Florida 33130

City/State and Zip Code

pgonzalez@np-adjusters.com

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

For further information concerning this matter, please call:

Patricia Gonzalez

Name of Person

at ( 305 )

372-0033

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

12 JUN -8 PM 2:59  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**Gourmet Foods Emporium, 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 March 30, 2010 and assigned

Florida document number L10000034713.

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

, Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jose J. De Goti	66 West Flager Street, Suite 1002 Miami, Florida 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Humberto E. Hernandez	66 West Flagler Street, Suite 1002 Miami, Florida 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jorge L De Goti	66 West Flagler Street, Suite 1002 Miami, Florida 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Abiel Ballesteros	66 West Flapler Street, Suite 1002 Miami, Florida 33130	<input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 17 2012

Signature of a member or authorized representative of a member

Ramon J. Diego, P.A.

Typed or printed name of signee