

L100000048027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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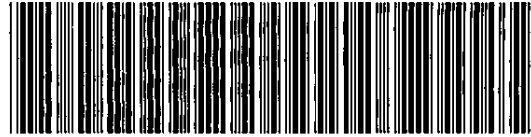
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 4 AM 11:16

T. HAMPTON

NOV - 5 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TASTY FOOD 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:

MARIE SUZE PHILIZAIRE
Name of Person

TASTY FOOD LLC
Firm/Company

16118 OPAL CREEK DR.
Address

WESTON FL 33331
City/State and Zip Code

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

For further information concerning this matter, please call:

M. SUZE PHILIZAIRE at 786 488-9096
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV -4 AM 11:16

TASTY FOOD 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 5/4/10 and assigned
Florida document number 20000048027

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)

4462 WESTON ROAD
DAVIE, FLORIDA 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4462 WESTON ROAD
DAVIE, FLORIDA 33331

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:

1175 N.E 125 Street #408
Enter Florida street address
MIAMI, Florida 33161
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

Title	Name	Address	Type of Action
MGR	MARIE ANGE JEAN-HARIE		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIE ANGE PAUL	4462 WESTON ROAD DAVIE, FLORIDA 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAVID DARBOUTZ		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RODRIGUE DARBOUTZ	4462 WESTON ROAD DAVIE, FLORIDA 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MARIANE DARBOUTZ		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARIANE CALIXTE	4462 WESTON ROAD DAVIE, FLORIDA 33331	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

PLEASE CHANGE
ADDRESS OF ALL THE
MANAGERS TO REFLECT

4462 WESTON RD. DAVIE, FL 33331

Dated NOVEMBER 03 2010

Suzanne Philizaire
Signature of a member or authorized representative of a member

MARIE SUZE PHILIZAIRE
Typed or printed name of signee