

L1000048301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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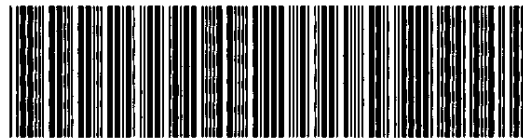
(Business Entity Name)

(Document Number)

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28th JUL 28 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL 29 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
• Division of Corporations

SUBJECT: FORT LAUDERDALE VEGETABLES 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:

HAYLEE MADFIS

Name of Person

FORT LAUDERDALE VEGETABLES LLC

Firm/Company

1041 SW 17TH ST.

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

HMADFIS @ FORTLAUDERDALEVEGETABLES.COM

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

For further information concerning this matter, please call:

HAYLEE MADFIS

Name of Person

at (954) 854 8788

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

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TALLAHASSEE, FLORIDA

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

**FORT LAUDERDALE VEGETABLES 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 5/5/2010 and assigned  
Florida document number 210000048301.

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SECRETARY OF STATE

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)**

1041 SW 17TH STREET  
FORT LAUDERDALE, FL 33315

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

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

1041 SW 17TH STREET  
FORT LAUDERDALE, FL 33315

**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:**

ROBERT MADFIS

**New Registered Office Address:**

1041 SW 17TH STREET

Enter Florida street address

FORT LAUDERDALE

City

Florida

33315

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.

Robbie Madfis  
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         | MICHAEL MADFIS | 1231 S. ANDREWS AVE<br>FORT LAUDERDALE FL 33316  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | HAYLEE MADFIS  | 1041 SW 17TH STREET<br>FORT LAUDERDALE, FL 33315 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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|              |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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TALLAHASSEE, FLORIDA

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  
Haylee Madfis  
\_\_\_\_\_  
Typed or printed name of signee