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☐ PICK-UP ☐ WAIT ☐ MAIL							
(Business Entity Name)							
(Document Number)							
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N. Gurgan MAY - 9 2012

### **COVER LETTER**

TO:	Registration Section Division of Corpora		.*		ነ		
SUBJE	ECT:	Acute In	vestments, LLC				
		Name of Lim	ited Liability Company		-		
The en	closed Articles of Ame	ndment and fee(s) are sul	bmitted for filing.				
Please	return all corresponder	ce concerning this matter	r to the following:				
	نتند		Laurence Lurie		<del></del>		
			Name of Person				
Fresh Market Distributors							
Firm/Company							
Address					<del></del>		
	<del></del>						
	laurencelurie@gmail.com  E-mail address: (to be used for future annual report notification)						
For fun	ther information conce	rning this matter, please c	•	i nouncation)			
	Laurer	ce Lurie	at ( 407 )	927-8703			
	Name of Pers	on	Area Code & D	aytime Telephone Numl	per		
Enclose	ed is a check for the fol	lowing amount:					
□\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi (losed) Certifi	Filing Fee, cate of Status & ed Copy onal 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



	Acute Investn	nents, LLC.		" SUNIUA	
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	<del></del>	
The Articles of Organization for this Limited I	Liability Company	were filed on	05/24/2010	and assigned	
Florida document numberL1000005	5504				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited liabi	lity company her	<u>·e</u> :		
Fr	esh Market Dist	ributors, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Compa	iny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	168 East 8th Street				
(Principal office address MUST BE A STRE	ET ADDRESS)	Apopka, FL 32703			
Enter new mailing address, if applicable:		168 East 8th Street			
(Mailing address MAY BE A POST OFFICE	Apopka, FL 32703				
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	rie	<del></del>			
New Registered Office Address:					
		Enter Florida street address			
		Apopka	, Florida	32703	
		Citv		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 Title **Address** Name Type of Action MGR Jacob R. Godfrey 3203 S. Conway Road ☐ Add Suite 106 Remove Orlando, FL 32812 Pedro C. Rodriguez MGR 168 East 8th Street ✓ Add ☐ Remove Apopka FL 32703 MGRM Laurence M. Lurie 168 East 8th Street ✓ Add Apopka, FL 32703 ☐ Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE III IS HEREBY AMENDED TO THE FOLLOWING The purpose for which this Limited Liability Company is organized is: Any and all lawful business. May, 2nd 2012 Dated Signature of a member or authorized representative of a member Laurence M. Lurie Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00