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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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T LIAMETON

TO: Registration Sec Division of Corp			
LOUIS TO SALISTA SALISTA	शास्त्रकृति कुल्लाका स्थापन		
SUBJECT:		Lam Martant Le	Phone was
	Name of Limite	d Liability Company	
	and the second seco	and the state of t	gan di e n ya wasan karin ini ini
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	George	: Faransis	<u> </u>
	•	Name of Person	
		3	
	•	Firm/Company	
	10991 Sout	h lamiami 1	<u></u>
		~	
The State of State of the State	Sara sota	tc 3/23/	
		City/State and Zip Code	· · · ·
the second secon	Person of the second	मध्यम् प्रदेशको	Tank
		be used for future armual report notificat	ion)
For further information co	ncerning this matter, please cal	11:	
	toner, EA	a 941, 925-	2301
Name of	Person	Area Code & Daytime To	elephone Number
	and the second		23
Enclosed is a check for the	following amount:		•
☐ \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Faransis Food m	lart LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 5-13-13	and assig	<u>me</u> d
Florida document number LIODODO 81709		IS MAY	SECRE
This amendment is submitted to amend the following:		16	OF COL
A. If amending name, enter the new name of the limited liabi	lity company here:	PM 12:	경유다
Gulf Gate Shell L		12: (RAT
The new name must be distinguishable and end with the words "Limit "L.L.C."		C" or the ab	breviation
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 offi registered agent and/or the new registered office address here		lo eman :	the new
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida street addre	\$5	
	Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Frama	Rath	Storiel	FΔ

Fax +1 (941) £14-9148

To: George Faransis

Fax: +1 (941) 922-3248

Page 9 of 10 5/13/2013 10:14

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 = Ma MGRM = 1	inager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			
			Add
			Remove
			Remove
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			Remove
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amending any other is	oformation, enter change(s) here: (Attach additional sheets, if necessary.
<u> </u>	
may 13	. 2013
	211
	Signature of a member or authorized representative of a member
	George Faransis Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

To: George Feransis

Fax: +1 (941) 922-3248

Page 10of 105/13/2013 10:14

From: Beth Stoner EA

Fax. +1 (941) 914-9148

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