

#L 11000008176

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

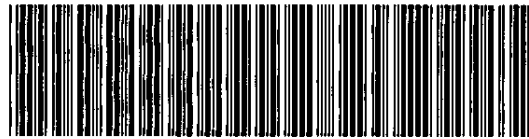
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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11 OCT -4 PM 2:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 5 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DELA ROSA Real Foods 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:

Judith Greenberg  
Name of Person  
Delarosa Real Foods LLC  
Firm/Company  
19707 Turnberry Way 5g  
Address  
Aventura FL 33180  
City/State and Zip Code  
DelarosaRealfoods@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith Greenberg at 786 797 7555  
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

DELAROSA Real Foods LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
11 OCT -4 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/20/2011 and assigned  
Florida document number L 1100 0008176

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)

2959 NW 27<sup>th</sup> Street  
Oakland Park, FL  
33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

as prior:  
19707 Turnberry Way 59  
Aventura FL 33180

**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:

Judith Greenberg

New Registered Office Address:

19707 Turnberry Way 55  
Aventura, Florida 33180  
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.

[Signature]  
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
MGRM	Yehudith Girschberg	19707 Turnberry Way 58 Aventura FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Judith Greenberg	19707 Turnberry Way 59 Aventura FL 33180	<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
			<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 10/2/2011

Signature of a member or authorized representative of a member  
 Asher Devere Girschberg  
 Typed or printed name of signee