LIOOD	036655
(Requestor's Name) (Address) (Address)	100209497971
(City/State/Zip/Phone #)	07/05/1101041014 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2011 JUL -5 PH TA 56 SECRETARY OF STATE TALLAHASSEE. FLORIDA
	T. CLINE JUL - 6 2011 EXAMINER
Office Use Only	

•	r ,				
			COVER LETTER		
TO:	Registration Section Section Section Section 2017				
SU'BJE	СТ:	World Bes	st Tropical, L.L.C.		
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Siat	teravi		
			Name of Person		
			Firm/Company		
		9226	SN 67 AVR		
		Miami	F1 33156 City/State and Zip Code		
		-mail address: (	to be used for future annual report notification)	2011 JI SECR	ಸದ್ದರೆ, ಬ್ಲೆ ಸ್ಮಾ ಸ್ಮಾರ್ಥಿ ಸ್ಮಾ ಗ
For fur	ther information c	concerning this matter, please e	all:	JL -5 ETARY HASSE	en : Angestaten Angestaten
	<u>Siant</u> Name of	eravi of Person	at ( <u>305</u> 992-6745 Area Code & Daytime Telephone Number		
				TATE LORIDA	میں میں میں م
Enclose	ed is a check for t	he following amount:		8.4 <del>7</del>	
<b>₹</b> \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional c	of Status &	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

## WORLD BEST TROPICAL, L.L.C.

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed onMarch 28, 2011and assignedFlorida document numberL11000036655

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:	 TAL Sci	26	
(Principal office address MUST BE A STREET ADDRESS)		E	*** <b> </b> **
	 ASS		122 #7 5 #157
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	بر الد 10 ش	PH	j. Lasari
	LORI	2	
	 	¢1	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		Florida
	Cin	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

Page 1 of 2

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: 1

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## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	MEHZA FOOD INT'L, LLC	9226 S.W. 67th Avenue Miami, FL 33156	Add Remove
			Add Remove
			_ Add _ Remove
			Add Remove
<b>.</b>			Add Remove ⋝∽ №
D. If amendin	g any other information, enter change(s	) here: (Allach additional sheets, if necessary.)	Add Long The Add L
Dated	MACSOR MA Signature of a member or	authorized representative of a member	
_		ized representative of Member	
		Page 2 of 2	

Filing Fee: \$25.00