# 1100005162

· (Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

# PREMIER FOODS LIMITED LIABILITY COMPANY

SUBJECT:

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:

Manny Gilford
Name of Person
PREMIER FOODS LIMITED LIABILITY COMPANY
Firm/Company
80 SW 8th Street
Address
Miami, FL 33130
City/State and Zip Code
SAME
E-mail address: (to be used for future annual report notification)
cerning this matter, please call:

For further information cond

Manny Gilford

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)

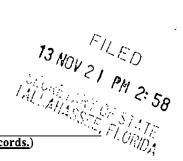
### MAILING ADDRESS:

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



### PREMIER FOODS LIMITED LIABILITY COMPANY

(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 05/02/2011	and assigned
Florida document number L11000051627		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Pro Health Foods LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	80 SW 8th Street	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130	
Enter new mailing address, if applicable:	80 SW 8th Street	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
· · ·	Enter Florida street	address
<u> </u>	, Florida	
	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.

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Tine	<u>ivaine</u>	Address	Type of Action
			Add
			Remove
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ature of a member or authorized representative of a member	•
Manny Gilford	
	ature of a member or authorized representative of a member

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Filing Fee: \$25.00