**7** 2 5 0



TO: **Registration Section Division of Corporations** 

SUBJECT: \_\_\_\_\_

### DAAB FOOD SERVICES 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:

DANIEL ALONSO BRITO

Name of Person

DAAB FOOD SERVICES LLC

Firm/Company

2101 BRICKELL AVE #2306

Address

MIAMI, FL, 33129

City/State and Zin Code

DANIELALONSOBRITO@HOTMAIL.COM				SEC		
		to be used for future annual rep		AHA	SEP	NCTET.
For further information	concerning this matter, please of	call:		- FT	61	endered 1 Jane 20.
DANIEL ALONSO BRITO		at (305_)	3433835	പ്ര		m C
Name of Person		Area Code &	Daytime Telephone Number	المعريد	60 T 28	
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	<b>55.00</b> Filing Fee & Certified Copy	\$60.00 Filin Certificate		&	

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

Certificate of Status & Certified Copy (additional copy is enclosed)

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**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

## DAAB FOOD SERVICES LLC

(Name of the Limited	Liability Comp	oany as it now	appears on our	records.)
(A	Florida Limited	I Liability Com	ipany)	

The Articles of Organization	for this Limited Liability C	Company were filed on	07/26/2011	and assigned
Florida document number	L11000085678			

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:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<b>n </b>	
(Mailing address MAY BE A POST OFFICE BOX)	DRA B	

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 Florida street address
	, 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 Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

### MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR ·	CARLOS CALERO	2101 BRICKELL AVE #2306	Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove SP Add Remove
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	-
	·····		-
Dated S	SEPTEMBER 09 , 2011	42	-
	DANIEL	Authorized representative of a member ALONSO BRITO printed name of signee	
		age 2 of 2	

Filing Fee: \$25.00