L11000104942

(Re	equestor's Name)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

C. LEWIS

NOV 1 4 2012

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

H.R. GOOD FOOD L.L.C.

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:

RICARDO CAICEDO

Name of Person

H.R. GOOD FOOD L.L.C.

Firm/Company

2642 N. ORANGE BLOSSOM TRAIL

Address

KISSIMMEE, FL 34744

City/State and Zip Code

RCTAXSERVICE@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO CAICEDO

407 935-9192

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**

EILED. SECRETARY OF STATE DIVISION OF CORPORATIONS

2812 NOV 13 PM 2: 57

H.R. GOOD FOOD L.L.C.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	

(Name of the Limited (A	Florida Limited Lia	as it now appe bility Company)		
The Articles of Organization for this Limited Li	ability Company w	ere filed on _F	LORIDA	_ and assigned	
Florida document number L11000104942	<u> </u>				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company h	<u>ere</u> :		
N/A					
The new name must be distinguishable and end with "L.L.C."	h the words "Limited	d Liability Com	pany," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	PAV)				
Muning duaress MAT BE A FOST OFFICE I	<u> </u>	~~			
B. If amending the registered agent and/oregistered agent and/or the new registered of		ce address or	our records, enter the	name of the new	
registered agent and/or the new registered or	nce address here.				
Name of New Registered Agent:	RICARDO	CAICEDO)		
New Registered Office Address:	2642 N. ORANGE BLOSSOM TRAIL				
Enter Florida street address					
	KISSIMME	E	, Florida 347	44	
		City		Zip Code	
New Registered Agent's Signature, if changing F	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 \ of 3

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 **Address** Type of Action Title Name | **BLANCA L. GIL MGRM** 2642 N. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744 Remove 106 CATTAIL CT **CLAUDIA BARRIOS MGRM** KISSIMMEE, FL 34743 106 CATTAIL CT **HECTOR BARRIOS** MGR KISSIMMEE, FL 34744 Remove Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ed	NON B, SOIS.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00