2/1000/0824/

(Re	equestor's Name)
(Ad	ddress)
. (Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	6

A. LUNT

DEC 19 2012

EXAMINER

Office Use Only



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12/17/12--01030--024 **25.00



COVER LETTER

Division of Cor	porations			
SUBJECT: Fanc	Cy Foods and Name of Limit	Drinks Internot ed Liability Company	tional, LLC	
	Amendment and fee(s) are sub-			
	Luke Li			
	LUK	Name of Person 2 Lirot, P.A. Firm/Company		
	2240 B	elleair Rd. Suite	190 響。 5	7
	_	City/State and Zip Code		
	E-mail address: (to	be used for future annual report notification	on)	
For further information co	oncerning this matter, please ca	ıll:	5 4	y 🗔
· LUKE Liv	0+,ESq. FPerson	at (727) 536 - 21 Area Code & Daytime Te	O O Start September	ס פי
Enclosed is a check for th	ne 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 enclo	osed)

MAILING ADDRESS:

Registration Section

TO:

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**

Forcy FOODS (Namelof the Limited (A	Liability Compan	KS International V as it now appear	rs on our records.)	_كمار	-	
The Articles of Organization for this Limited Life Florida document number	iability Company		9/21/11	and	d assign	ed
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	f the limited liabi	lity company her	<u>'e</u> :			
The new name must be distinguishable and end wit 'L.L.C."	th the words "Limit	ed Liability Compa	nny," the designation '	'LLC'' or	the abbr	eviation
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	2 <u>n</u> 2	
Enter new mailing address, if applicable:				AHASSE	DEC 17	PERMIT
Mailing address MAY BE A POST OFFICE	ROX)		,	الله الشاري		[1]
Muning namess WAL BLAT OST OF THE	<u> </u>			25	نا	() () () () () ()
				E C	\$0	
B. If amending the registered agent and/or the new registered of			our records, <u>enter</u>	the nan	ne of t	<u>he new</u>
Name of New Registered Agent:	LUKE L	irot			 	
New Registered Office Address:	2240 B		d Soite 191 ter Florida street aa			
	Clock	Nater	Florido	237	64	
	<u>Llend</u>	City	, Florida _	Zip (Code	
New Degistered Agent's Signature, if changing I						

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

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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Remove
			Add T
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			Remove
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			Add
			Remove
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Datad	Laifmago 12 70:2
Dated	Luch City
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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