

L/1000116575

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2012 APR 24 PM 3:47  
SECRETARY OF STATE  
HALLMARKS ELECTRONICS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADAM'S AÇAÍ & HEALTH, 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:

ANTONIO CARDOSO

Name of Person

D&S DIRECT MARKETING, LLC

Firm/Company

8410 SHADY GLEN DR

Address

ORLANDO, FL 32819

City/State and Zip Code

ACARDOSO@MSN.COM

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

For further information concerning this matter, please call:

ANTONIO CARDOSO

Name of Person

at ( 407 )

832-7240

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

FILED  
2012 APR 24 PM 3:47  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ADAM'S AÇAI & HEALTH, LLC**

(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 JAN, 18, 2012 and assigned  
Florida document number L11000116575

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

199U TOWNE CENTER CIR

SANFORD, FL 32771

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

199 U TOWNE CENTER CIR

SANFORD, FL 32771

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

Name of New Registered Agent:

D&S DIRECT MARKETING, LLC

New Registered Office Address:

8410 SHADY GLEN DR

*Enter Florida street address*

ORLANDO

, Florida

32819

*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**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juliana A.L.Bourguignon	8410 Shady Glen Dr Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Aguimar M.Bourguignon	8410 Shady Glen Dr Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Aguilar Bourguignon	8410 Shady Glen Dr Orlando, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

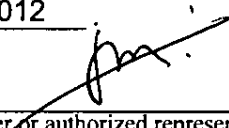
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated April, 19, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Juliana Bourguignon  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2012 APR 25 PM 3:48  
CLERK OF COURT  
JULIANA BOURGUIGNON