# L11000143148

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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04/26/12--01014--012 \*\*25.00



D. BRUCE

APR 27 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration : Division of C	Section orporations				
SUBJECT:	FINE GOI	_D SUPPLIES LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are so	ubmitted for filing.			
Please return all corresp	pondence concerning this matte	er to the following:		-	
\$					
		JOSE GOTERA  Name of Person		-	
		Name of Ferson	•		
		Firm/Company	<del></del> .	-	
•	11709 S OR	ANGE BLOSSOM TR	AIL STE 106	,	
		Address			
		ORLANDO FL 32837			
		City/State and Zip Code		. بسهدي	
	FINEGO	LDSUPPLIES@GMA (to be used for future annual rep	IL.COM	<b>1 1 1 1</b>	
For further information	concerning this matter, please		ort notification)	17 2 E	
	SE GOTERA	at ( <u>407</u> )	574-6505		
Name	of Person	Area Code &	Daytime Telephone Numbe		U
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 e	nclosed) Certified	ite of Status &	losed)

### 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

FINE GO	<u>DLD SUPPLIES LL</u>	C	<u>_</u>
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	ers on our records.)	•
:	Emmed Emonity Company)		
The Articles of Organization for this Limited Liability	Company were filed on	12/22/2011	and assigned
Florida document number L11000143148	<u> </u>		·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company he	ere:	
•			<u> </u>
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		3 7
4		60 E	CO (500
			3 10
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent		our records, enter th	ne name of the nev
registered agent and/or the new registered office ad	<u>uress nere</u> :		
Name of New Registered Agent:		·	·
			-
New Registered Office Address:	E	nter Florida street addr	ess
	·	. Florida	
		, riorida	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>		<u>Name</u>	Address	Type of Action	
MGR		JOSE GOTERA	11709 S ORANGE BLOSSOM TRAIL SUITE 106 ORLANDO FL 32837	✓ Add Remove	
MGR_	4 7	PEDRO QUINTERO	11709 S ORANGE BLOSSOM TRAIL SUITE 106 ORLANDO FL 32837	_ ✓ Add ☐ Remove	
MGRM		ANGEL SALAZAR	11709 S ORANGE BLOSSOM TRAIL SUITE 106 ORLANDO FL 32837	Add Remove 	
D	,	MIRNA M GOTERA	11709 S ORANGE BLOSSOM TRAIL SUITE 106 ORLANDO FL 32837	Add Remove 	
<u>D</u>		CONSUELO GOTERA	11709 S ORANGE BLOSSOM TRAIL SUITE 106 ORLANDO FL 32837	Add Remove 	
D. Ifame	ndin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessa	Add Remove	
				FILE MAN	
 Dated	:a-	JO:	authorized epresentative of a member SE GOTEKA printed name of signee	· ·	
Page 2 of 2					

Filing Fee: \$25.00