L1200000 8404

(Rec	uestor's Name)	
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J. SAULSBERRY EXAMINER APR 17 2013

COVER LETTER

TO: Registration Section
Division of Corporations

DOUGLITAS FLOWERS AND FRUITS 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:

 -	DOUGLAS J. SORIANO Name of Person	
	DOUGLITAS FLOWERS AND FRUITS LLC	
-	Firm/Company	
	1956 NW 17 AVE	
-	Address	
	MIAMI, FL 33125	(** *) ~
-	City/State and Zip Code	
,	SHERYJROMERO@LIVE.COM	SECRETARY ARE
_	E-mail address: (to be used for future annual report notification)	A SE
For further information conc	erning this matter, please call:	
DOLIGIAS I	SORIANO 786 387-1120	温度

Enclosed is a check for the following amount:

Name of Person

□ \$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:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUGLITAS FLOWERS AND FRUITS 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 Florida document number L12000008404	were filed on 01/18/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DOUGLITAS COFFEE, FRUITS AND FLOW	ERS LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1956 NW 17 AVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33125	20 7.4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		APR 15 M 9: 12 enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	, Flor	ida
	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>	Address	Type of Action
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If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
•	
APRIL 10	2013
Sign	7 nature of a member or authorized representative of a member
Dougks 7.	nature 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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