

L12000089670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

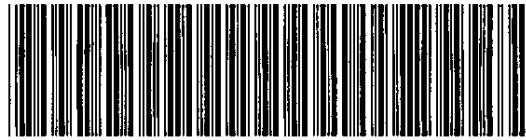
(Business Entity Name)

(Document Number)

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2015 MAY 19 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRU Raw Food Brasil, 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:

Carla B Martins

Name of Person

CRU Raw Food Brasil, LLC

Firm/Company

925 Intracoastal Dr. #2

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

info@crurawfood.com

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

For further information concerning this matter, please call:

Carla Martins

828

5056203

at ()

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

FILED
2015 MAY 19 PM 12: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRU Raw Food Brasil, 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 July 9, 2012 and assigned
Florida document number L12000089670.

This amendment is submitted to amend the following:

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

Cru - Raw Food, LLC

The new name must be distinguishable and contain 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)

925 Intracoastal Dr. #2

Fort Lauderdale, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Carla B Martins

New Registered Office Address:

925 Intracoastal Dr. #2

Enter Florida street address

Fort Lauderdale

City

Florida 33304

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 605, 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.

Carla B Martins
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carla Martins	925 Intracoastal Dr. #2	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Ivana Becker	1156 Buttermilk Ln	<input type="checkbox"/> Add
		Port Orange, FL 32129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF FLORIDA
TALAMISSEE, FLORIDA

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2015 MAY 19 PM 12:25
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 14, 2015

James Martin
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Carla B Martins

Typed or printed name of signee