## L12000994466

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## **COVER LETTER**

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CHDID		FOOD, LLC.					
SUBJE	Name of Limited Liability Company						
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please 1	eturn all correspo	ondence concerning this matter	to the following:				
		Leo Calligaro					
			Name of Person				
		GOLOSO FOOD, LLC.					
			Firm/Company				
		4241 LB McLeod Rd., Sui	ite D				
			Address				
		Orlando, Fl 32811					
		<del></del>	City/State and Zip Code				
		Lcalligaro@gmail.com					
		E-mail address; (	to be used for future annual report noti	fication)			
For furt	her information of	concerning this matter, please ca	all:				
Leo Ca	lligaro		321 277-2055 at ()				
	Name o	of Person	Area Code Daytim	e Telephone Number			
Enclose	ed is a check for t	he 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

GOLOSO FOOD, 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 08/02/2012 and assigned Florida document number L12000099466 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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 do Annent 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 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> Name 1 **Address Type of Action** MGR JOHANNA R. BRACHO DE DEL 8329 NARCOOSSEE RD. \_**■** Add APT. 5301 NAMER JOHADDA R. BRACHODE DEL BIADCO \_□ Remove ORLANDO, FL 32827 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Ald Office of the Control of the Con P Remove \_□ Add ☐ Remove ☐ Change

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	Signature of	a member or aut	porized represe	ntative of a mer	nher	_	_
	S.S. Matthe Of				<del></del>		
		- 1					
LEO CALLIGAR	0		ted name of sig				-

Filing Fee: \$25.00