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COVER LETTER

TO:	Registration Se Division of Cor		•					
SUBJE	CCT:	FRESH	I RESTO LLC					
Name of Limited Liability Company								
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
	ALLEN FAYER							
			Name of Person					
		A-S	FINANCIAL SERVICES					
		12601	WORLD PLAZA LANE-2	2				
	Address							
		FC	ORT MYERS FL 33907					
City/State and Zip Code								
	ALFAYER12345@EARTHLINK.NET							
			to be used for future annual report not	ification)				
For fun	ther information c	oncerning this matter, please c	all:					
	AL	LEN FAYER	at (239)	931-9130				
Name of Person		Area Code & Daytime Telephone Number						
Enclose	ed is a check for the	he following amount:						
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 AUG 17 PH 1: 98

	FRESH PREST	TOLIC	titl days a	141 17 30
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears of the Company)	on our records) AH/	ARY OF STATE ISSEE, FLORIDA
The Articles of Organization for this Limite Florida document numberL12000	ed Liability Company were	e filed on	08-03-2012	_ and assigned
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	ne of the limited liability	company here:		
The new name must be distinguishable and end "L.L.C."	d with the words "Limited L	Liability Company	," the designation "LL	C" or the abbreviation
Enter new principal offices address, if ap	oplicable:			
(Principal office address MUST BE A STI	REET ADDRESS)			
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFF)				
B. If amending the registered agent a registered agent and/or the new registered		address on our	r records, <u>enter the</u>	name of the nev
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
	· · · · · · · · · · · · · · · · · · ·		, Florida	
		ity		Zip Code
New Registered Agent's Signature, if change	ing Registered Agent:			
I hereby accept the appointment as regis the provisions of all statutes relative to t accept the obligations of my position as being filed to merely reflect a change in	he proper and complete registered agent as prov	performance of pided for in Cha	my duties, and I ampter 608, F.S. Or, if	familiar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Type of Action **Address Title** Name 1 TOMASINA TRUGLAS MGR **✓** Add 123 ALEMEDA AVE Remove FORT MYERS, FL 33905 Add ☐ Remove Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated EMC Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00