

To: Page 2 of
10/10/2014

2014-10-10 14:11 GMT

407603010 From: Account Bookkeeping

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000238133 3)))



H140002381333ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
14 OCT 10 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE PARTNERS FOOD, GOOD & FAST, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
2014 OCT 10 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

OCT 13 2014

EXAMINER

H14000238133 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE PARTNERS FOOD, GOOD & FAST, 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:

FABIO L PALLES

Name of Person

THE PARTNERS FOOD, GOOD & FAST, LLC.

Firm/Company

6400 INTERNATIONAL DR STE 180

Address

ORLANDO, FL 32819

City/State and Zip Code

OPERATIONS@ABKCORP.COM

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

For further information concerning this matter, please call:

ANDREA PINE

Name of Person

407

at (Area Code)

898-1757

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

FILED
2014 OCT 10 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FL 32301

H14000238133 3

H140002381333

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE PARTNERS FOOD, GOOD & FAST, 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 09/19/2012 and assigned
Florida document number L12000120081

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 end with 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:

FABIO L PALLES

New Registered Office Address:

6400 INTERNATIONAL DR STE 180

Enter Florida street address

ORLANDO

Florida

32819

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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H140002381333

H14000238133 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	FABIO L PALLES	6400 INTERNATIONAL DR STE 180 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	ANDRE L LIMA	6400 INTERNATIONAL DR STE 180 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MANUEL SALAMANCA	6400 INTERNATIONAL DR ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JESUS A RIVERO	6400 INTERNATIONAL DR ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2014 OCT 10 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H14000238133 3

H140002381333

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER, 08, 2014

Signature of a member or authorized representative of a member


FABIO L PALLESI

Typed or printed name of signee

Page 3 of 3

2014 OCT 10 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H140002381333