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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: All Kosher Gift Baskets, 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:
Diana Gomez Name of Person
Firm/Company  AGE  ARE  ARE  ARE  ARE  ARE  ARE  ARE
13951 SW (1645t #304 A SSET) Address
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Dianagomez 58 Qualoo . Com  E-mail address: (to be used for future annual report polification)
For further information concerning this matter, please call:
Oscur Simon at 305 951-3511  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  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

Liability Company as it now appears on our records.
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Feb 5, 2013 and assigned Florida document number W1300000 1039 This amendment is submitted 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 abbre "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 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 **Title Type of Action** <u>Name</u> Address Remove Remove Remove Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• • •	· Cell: 305-336-3502
	Please Call me if you have
	Please Call me if you have dry gustions.
	Thank you
Dated	8/21, 2013.1
	Duni Some
	Signature of a member or authorized representative of a member
	Diana Gomez
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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