# L13000030471

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PICK-UP	WAIT	MAIL
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### COVER LETTER

TO:

Registration Section
Division of Corporations

Surgeon. Barbarito's Fresh Fish & Meat Market 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:

## Brian George

Name of Person

## **CALAS Group**

Firm/Company

2000 Ponce de Leon Blvd. 6th Floor

Address

Coral Gables FL 33134

City/State and Zip Code

bgeorge@calas.us

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

For further information concerning this matter, please call:

Brian A. George

ູ 305、495-522

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 2013 SEP 19 AM 11: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		n & Meat Market LLC	Permit
( <u>Name of the Limited</u>	Liability Compa Florida Limited I	ny as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company	were filed on 02/27/2013	and assigned
Florida document number L13000030471	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/ registered agent and/or the new registered o			rds, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enton Florid	la street address
		Emer Floria	ત આ દરા તતતા દરૂ
		,	Florida 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 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 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 ·	<u>Name</u>	Address	Type of Action
MGR	Gloria Araujo	c/o CALAS group	Add
		2000 Ponce de Leon Blvd 6th Floo	Remove
		Coral Gables FL 33134	_
			Add
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If amending any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)
19/7	
•	
•	
September 16	2013
Slanat	J. J. Million
Signat	ture of a member of authorized representative of a member  Luis R. Mercado
	Typed or wrinted name of signee

Page 3 of 3

Filing Fee: \$25.00

