# 130004365

(R	equestor's Name)	
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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AUG 13 2015 S. YOUNG

# **COVER LETTER**

Division of Cor			
SUBJECT: OR	Name of Limi	OD & PRODUC	E LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	_5EA	Name of Person	AN WAR
	Millennio	m Restrant E Firm/Company	quipment
		Orange Blosso	2 0
	alms10	City/State and Zip Code	
	S MUSS E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
SEAN Name o	MUSSUMA of Person	$\frac{\lambda}{\text{Area Code}} = \frac{34}{\text{Daytime}}$	Telephone Number
Enclosed 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:

J

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

ORLANDO FOOD & PRODUCE

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.  Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3}{25}$ and assigned
Florida document number <u>L.13000043665</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ORLANDO FOOD FACT The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the new name	TORY LLC lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9428 S. Orange Blossom
(Principal office address MUST BE A STREET ADDRESS)	7428 S. Orange Blossom Trail Orlando, FL 32837
Enter new mailing address, if applicable:	9A28 S. Orange Blussom Trail Orlando FL 32837
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 32837
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> : 5
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature if changing Registered Agent:	

If Changing Registered Agent, Signature of New 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 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>	<u>Name</u>	Address	Type of Action
MGR	DAVIS, SEDRICK, SR	3330 W. Colonial DV A	
		Orlando, FL 32808	Remove
			Change
			Remove
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	other than the date listed, the date must be sp		ne prior to date of f	iling or more than 9	(optional) 0 days after filing		to 605.020
te: If the date i	inserted in this block d	loes not meet the	applicable statut				
cument's effecti	ive date on the Departr	ment of State's re	cords.				
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Page 3 of 3

Filing Fee: \$25.00