

L13 0000 45936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

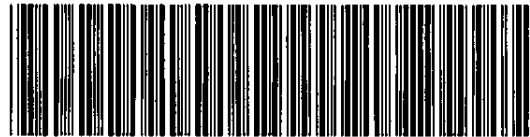
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUN -9 PM 3:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 10 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2014

CELESTINO DILIBERO  
7095 SW 115 LOOP  
OCALA, FL 34476

SUBJECT: VERDE POMODORO LLC  
Ref. Number: L13000045936

We have received your document for VERDE POMODORO LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 614A00011565

2014 JUN -9 PM 3:50  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32314

2014 JUN -9 PM 3:50

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **VERDE POMODORO 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:

**CELESTINO P. DILIBERO**

Name of Person

**VERDE POMODORO LLC/DBA AS FRESH GREEN TOMATO**

Firm/Company

**7095 SW 115 LOOP**

Address

**OCALA, FL. 34476**

City/State and Zip Code

**FRESH.VERDE.POMODORO@GMAIL.COM**

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

For further information concerning this matter, please call:

**CELESTINO P. DILIBERO**

Name of Person

at **352-266-2875**

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

2014 JUN -9 PM 3:50

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**VERDE POMODORO 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 03/28/2013 and assigned  
Florida document number L13000045936

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**VERDE POMODORO LLC**

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)**

7095 SW 115TH LOOP  
OCALA, FL. 34476

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME AS

**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:**

CELESTINO P. DILIBERO

**New Registered Office Address:**

7095SW 115TH LOOP

Enter Florida street address

OCALA, Florida 34476

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**

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>
REGISTERED AGENT	CELESTINO P. DILIBERO	7095 SW 115TH LOOP OCALA, FL 34476	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
REGISTERED AGENT	ALEXANDRA V DALEY-DILIBERO	7095 SW 115TH LOOP OCALA, FL 34476	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ALEXANDRA V DALEY- DILIBERO	7095 SW 115TH LOOP OCALA, FL. 34476	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CELESTINO P. DILIBERO	7095 SW 115TH LOOP OCALA, FL. 34476	<input checked="" 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

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

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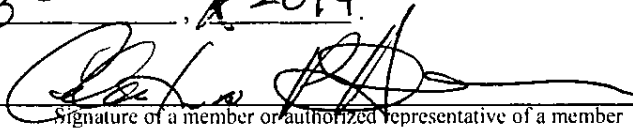
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 ☒ June 3<sup>rd</sup>, ☒ 2014.

☒ 

Signature of a member or authorized representative of a member

☒ Celestino P. DiLibero

Typed or printed name of signee