

L13000081658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

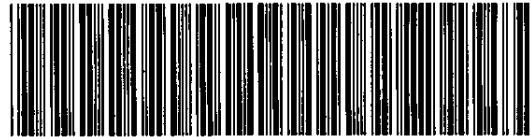
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2014 MAR -7 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guffey MAR 10 2014



Boston

8 Faneuil Hall . 3rd floor . Boston MA 02109 US
T US +1 (781) 770-0005 / BR +1 55 21 3521-9918
Fax +1 (866) 550-6705 . W drummondcpallc.com

Miami, March 03, 2014

Registration Section
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

RE: Filing Fee & Certificate of Status

I am sending you a check # 314 with amount of US\$30.00 regarding of payment of filing fee & Certificate of Status.

Sincerely,

Carolina Cunha



80 SW 8th Street, Suite 2000

Miami FL 33130 US

T US +1 (781) 770-0005 Ext. 7

T BR +55 21 3521-9918 Ext. 7

M US +1 (415) 609 7751

Fax +1 (866) 550-6705

E-mail: ccunha@drummondcpallc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cadel Foods 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:

Michel de Amorim

Name of Person

Drummond Consulting, LLC

Firm/Company

80SW 8TH ST SUITE 2000

Address

MIAMI, FL 33130

City/State and Zip Code

mamorim@drummonddcpallc.com

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

For further information concerning this matter, please call:

Michel de Amorim

Name of Person

at 315 216-9528

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

FILED

2014 MAR -7 PM 3: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CADEL FOODS 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 JUNE 5, 2013 and assigned
Florida document number L13000081658

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:

New Registered Office Address:

Enter Florida street address

City, 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 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>
MGRM	ANDREA BUENO	1585 SW 13TH AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33145	<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


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 February 26, 2014

X



Signature of a member or authorized representative of a member

CADEL BUSINESS & VENTURES LIMITED

Typed or printed name of signer