L13000100557

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T. BROWN

	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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X 1	FILING LLC amendment
	(CORPORATE NAME AND DOCUMENT #)

COVER LETTER

	lon Section of Corporations					
Mia	mi Fine Foods, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.					
Please return all co	prrespondence concerning this matter to the following:					
	Leslie Alan Rozencwaig, Esq.					
	Name of Person					
Rozencwaig & Nadel, LLP						
Firm/Company						
	301 West Hallandale Beach Boulevard					
	Address					
	Hallandale Beach, Florida 33009					
	City/State and Zip Code					
	lar@rnflaw.com					
	E-mail address: (to be used for future annual report notification)					
For further inform	ation concerning this matter, please call:					
Lesile Alan R	ozencwaig, Esq: 954 455-5100					
	Name of Person Area Code Daytime Telephone Number					
Enclosed is a chec	k for the following amount:					
\$25.00 Piling	Pee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tellahassee, 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

RICARDON 12 PH 2:25

Miami Fine Foods, LLC

(Name of the Limited Liability Company as it now annears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on July 16, 2013 and assigned		
Florida document number L13000100557			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liai	ollity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2635 N.E. 188 Street		
(Principal office address MUST BE A STREET ADDRESS)	RESS) Bay 108		
	North Miami Beach, Florida 33180		
Enter new mailing address, if applicable:	2635 N.E. 188 Street		
(Mailing address MAY BE A POST OFFICE BOX)	Bay 108		
	North Miami Beach, Florida 33180		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent;			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	Clty Zip Code		
New Designated Agentle Cignothus Habangian Designated Least	•		
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and aging provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Cha	nging Registered Agent, Signature of New Registered Agent		

Page 1 of 3

If ameuding 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>	Name	Address	Type of Action
MGR	Ken Assor	2635 N.E. 188 Street	Ađd
		Bay 108	Remove
		North Miami Beach, Florida 33180	
MGR	Alex Brakha	2635 N.E. 188 Street	■ Add
		Bay 108	,
		North Miami Beach, Florida 33180	<u>.</u>
			Add
			☐ Remove
			
			Add
			Remove
			_
			D Remove
			🗖 Add
			C Remove

D. If amending any other informs	ation, enter change(s) here: (A	tach additional sheets; (f necessary)
Avi Assor-MGR		
2635 N.E. 188 Street		
Bay 108		
North Mlami Beach, F	lorida 33180 😁 🏗	
E. Effective date, if other than the	date of tiling	(optional) e and cannot be more than 90 days after
the date this document is filed by the F	lorida Department of State)	B and chiming he more than 30 dids after
Dated November 10	2014	
AVI,Assor	Signature of a member of authorized	oprosentative of a member
	Typed or printed name	of signee

Page 3 of 3
Filing Fee: \$25.00