

# L 13000123619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

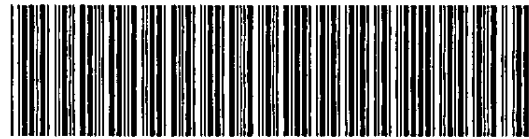
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100251524881

09/12/13--01012--011 \*\*25.00

FILED  
13 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

SEP 13 2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: F.P. FOOD INVESTMENTS, 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 DEL FIERRO**

Name of Person

**BALWANT CHEEMA CPA**

Firm/Company

**8301 NW 197TH STREET**

Address

**MIAMI, FL 33015**

City/State and Zip Code

**BRIAN@BALCPA.COM**

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

For further information concerning this matter, please call:

**BRIAN DEL FIERRO**

Name of Person

at (305) 764-1073

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  
13 SEP 12 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
records.)

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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PIERA GENERALI	8301 NW 197TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33015	<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.)*

---

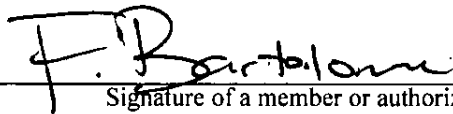
---

---

---

---

Dated SEPTEMBER 9TH, 2013



Signature of a member or authorized representative of a member

FRANCO BARTOLOMEI

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**