13000123619

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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K. SALY EXAMINER

SEP 1 3 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

at (305) 764-1073

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 SEP 12 PM 4: 19

SEGMETARY OF STATE
FALLAHASSEE FLOOP

F.P. FOOD INVESTMENTS, 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 Liab	ility Company were filed on 09/03/20	13 and assigned
Florida document number L13000123619	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		· -
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	N.		
<u>Title</u>	<u>Name</u>		vpe of Action
MGRM	PIERA GENERALI	8301 NW 197TH STREET	Add
		MIAMI, FL 33015	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			

). If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
-	
	<u> </u>
ated SEPTEMBER 9TH	2013
TP	
•	of a member or authorized representative of a member
FRANCO BARTOLO	JIVIEI

Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00