

L14000019747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIDEAL FOOD SERVICE 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:

DANILO ARSENIJEVITH

Name of Person

MIDEAL FOOD SERVICE LLC

Firm/Company

4333 SILVER STAR RD., UNIT 180

Address

ORLANDO, FLORIDA 32808

City/State and Zip Code

ARSENIDAN@GMAIL.COM

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

For further information concerning this matter, please call:

DANILO ARSENIJEVITH

Name of Person

at (

973

) Area Code

204-6979

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

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SECRETARY OF STATE

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

MIDEAL FOOD SERVICE 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 02/05/2014 and assigned Florida document number L14000019747.

This amendment is submitted to amend the following:

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

N/A

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:

4333 SILVER STAR RD.

(Principal office address MUST BE A STREET ADDRESS)

UNIT 180

ORLANDO, FL 32808

Enter new mailing address, if applicable:

4333 SILVER STAR RD.

(Mailing address MAY BE A POST OFFICE BOX)

UNIT 180

ORLANDO, FL 32808

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:

N/A

New Registered Office Address:

4333 SILVER STAR RD., UNIT 180

Enter Florida street address

ORLANDO

City

Florida 32808

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

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DIVISION OF CORPORATIONS
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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>
MGR	CARLESSO DE DAGER, CRISTINA	1462 SPRUCE AVENUE	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
AMBR	LATITUDE FOODS AND BAKERY LLC	1462 SPRUCE AVENUE	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<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

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

FOR MANAGERS JIMENEZ, MANUEL AND ARSENIJEVITH, DANILO AND FOR AMBR IDEAL FOOD DISTRIBUTORS LLC

PLEASE AMEND THEIR ADDRESS FROM: 1462 SPRUCE AVENUE, ORLANDO FL 32824

TO THE NEW ADDRESS: 4333 SILVER STAR RD., UNIT 180, ORLANDO, FL 32808

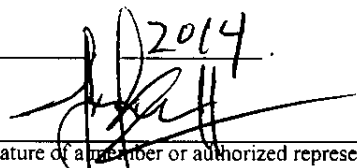
E. Effective date, if other than the date of filing: N/A **(optional)**

(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

MAY 5TH

2014



Signature of a member or authorized representative of a member

DANILO ARSENIJEVITH, MGR

Typed or printed name of signee

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TALLAHASSEE, FLORIDA