

L14000061313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

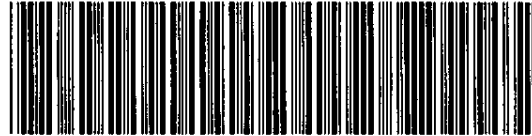
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/14--01030--005 **60.00

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2014 NOV 14 AM 11:03
CLERK OF COURT
JANUARY 1, 2015

DEC 15 2014

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2014

N & R DAIRY, LLC
2080 NW 79TH AVENUE
DORAL, FL 33122

61313

2014 NOV 14 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL 32314

We have received your document for DERMAL HEALTH CENTER LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 514A00024885



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2014

N & R DAIRY, LLC
2080 NW 79TH AVENUE
DORAL, FL 33122

SUBJECT: N & R DAIRY, LLC
Ref. Number: L14000061313

2014 NOV 14 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 514A00025278

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N & R DAIRY, 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:

N & R DAIRY, LLC

Name of Person

Firm/Company

2080 NW 79TH AVENUE

Address

DORAL, FL 33122

City/State and Zip Code

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

For further information concerning this matter, please call:

MAIBELI VALDES

Name of Person

786 597-4122

at ()

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

2014 MAY 14 PM 1:10
RECEIVED
TALLAHASSEE, FL 32301

FILED

December 9, 2014

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

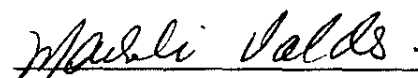
RE: N & R DAIRY, LLC
Doc # L14000061313

Dear Sir or Madam:

On November 12, 2014 I submitted Articles of Amendment for the above Limited Liability Company; however I wrote a wrong document number on the articles by mistake, and also forgot to include the title on the Managers or Authorized Members section. I am extremely sorry for any inconvenience this may have caused.

Please find enclosed Articles of Amendment attached which have been corrected, and apply the payment already made with CK # 13066 dated November 12, 2014 to this correction. As specified on letter number 514A00025278 I was required to receive a refund from the previous returned filing; however please apply this payment to this new filing. Once again I apologize for this inconvenience. Your attention to this matter would be greatly appreciated.

Thank you,


Maibeli Valdes
Global Export & Cargo Inc
Authorized Representative

RECEIVED
14 DEC 12 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
2014 NOV 14 PM 1:10
CLERK OF COURT
TALLAHASSEE, FL 32301

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

N & R DAIRY, 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 April 14, 2014 and assigned
Florida document number L14000061313.

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 "LLC."

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

Florida

City

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> |
|--------------|---------------------------|------------------|--|
| MGR | Maibeli Valdes | 2080 NW 79th Ave | <input type="checkbox"/> Add |
| | | Doral, FL 33122 | <input checked="" type="checkbox"/> Remove |
| MGR | Global Export & Cargo Inc | 2080 NW 79th Ave | <input checked="" type="checkbox"/> Add |
| | | Doral, FL 33122 | <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.)

SECRETARY OF STATE
FALL 2014

2014 DEC 14 PM 1:10

E. Effective date, if other than the date of filing: December 9, 2014 (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 December 9 2014

Maibeli Valdes
Signature of a member or authorized representative of a member
Maibeli Valdes
Typed or printed name of signee