L14000139561

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COVER LETTER

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Division of Cor	porations '		
NVR FO	ODS, LLC		
	Name of Limi	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NERIO A. RUIZ		
		Name of Person	
	·	Name of Person	
		Firm/Company	
	8613 NW 112TH PL	ACE	
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	NVRFOODSLLC@G		
	E-mail address: (1	to be used for future annual report notifica	ation)
For further information co	oncerning this matter, please ca	all:	
NERIO A. RUIZ		786 275-3019	
Name of	f Person		elephone Number
Enclosed is a check for th	e 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

TO:

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

NVR FOODS, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number L14000139561	iled on September, 08th 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and end with the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	015 SE1 ALL
	ARE ET
	
	SSERY 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	r=ω,
	0x 3
	D D
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
Cit	

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, <u>enter the title, name, and address of each Manager or</u> Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action** <u>Title</u> **Name NERIO A. RUIZ** MGR 8613 NW 112TH PLACE Add DORAL, FL 33178 ☐ Remove **VON R. RUIZ** 8613 NW 112TH PLACE MGR ■ Add **DORAL, FL 33178** ☐ Remove _□ Add ☐ Remove □ Add □ Remove ᇙ ☐ Remove □ Add ☐ Remove

fective date must be specif	an the date of filing:
ective date must be specif te this document is filed by	
ective date must be specif te this document is filed by	fic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State)

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