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SECRETARY OF STATE
TALLAHASSEE FROME

MAY 05 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: The Forno Alf Name of Limit	Fresco LLC ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Antonio	Jordan Name of Person	
SWFLIN	ternational go	urmet Foods, LLC
	lor Rd Address	
Naples F	7 34109	<del> </del>
Suffinterna	City/State and Zip Code  His na I Gourmet for our notific	ads@gmail.com
For further information concerning this matter, please ca	11:	
Antonio Jordan Name of Person	at ( <u>781</u> ) <u>985 -</u> Area Code Daytime T	1557 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\text{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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230	ions 27 E

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

"IL Forno AL Fresc	co HC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number 15000104(a.)			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l			
SWFL International Gour	met Foods, LLC 11		
The new name must be distinguishable and end with the words "Limited l	Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Eg G		
(Principal office address MUST BE A STREET ADDRESS)	9		
	2 2 T	_	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	ed office address on our records, enter the name of the here:	nev	
	<del></del> -		
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 M	ember on our records, <u>e</u> r	nter the title, name, an	id address of each Manager or
Authorized Member being added or remove	d from our records:		

MGR = Manager

AMBR = Authorized Member <u>Address</u> **Type of Action Title** Name Rene Balderas 6215 Taylor Rd XAdd Naples, FL 34109 AMBR Renee Baldarus 6215 Taylor Rd \_\_ Add Naples, FC 34109 Add Add Remove □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
SWFL International Gournet Foods, LLC
D B . A
ALFORNO IL FRESCO
(that is the way we would like it to read)
E. Effective date, if other than the date of filing:
Dated April 17 2015
x AM
Agnature of a member or authorized representative of a member
Antonió Jordan Typed or printed name of signee
. Jess of printed hairs of signes

Page 3 of 3

Filing Fee: \$25.00

15 APR 27 PN 12: 0: SECRETARY OF STATE ALLAMASSEE, FLORIDA