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COVER LETTER

TO:	Registration Sec Division of Corp			
CLID II	ecte.	SAINT GEORGE	BULK FOOD, LLC.	
SUBJI	ECI:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		LYA	AN M. CASAS DABASOLO	
			Name of Person	
		SAINT	GEORGE BULK FOOD, LLC.	
	Firm/Company			
	201 S BISCAYNE BLVD, STE.905			
			Address	
			MIAMI, FL 33131	
			City/State and Zip Code	
			nithapereyra@hotmail.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
	LYAN M. CA	ASAS DABASOLO	786 262-0619	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 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

SAINT GEO	DRGE BULK FOOD, LLC	C.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our record	<u>s.</u>)	and an extension the gap in
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/20/2015		and assigned
Florida document number L15000178511	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company h	ere:		
N/A				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the c	designation "LLC		ation "L.L.C."
Enter new principal offices address, if applicable:	-		2016	
(Principal office address MUST BE A STREET ADDR.	ESS)	N/A		
			<u> </u>	,
			THE T	
Enter new mailing address, if applicable:				y
(Mailing address MAY BE A POST OFFICE BOX)		N/A	Om (3
	···		fi:-	,
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records	, enter the	name of the n
Name of New Registered Agent:	N/2	Α		
New Registered Office Address:				
	Enter Flor	rida street address	3	
		, Flo	orida	
	City		Z	ip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE A. CANO	201 S BISCAYNE BLVD.	= Add
		STE.905	
		MIAMI, FL 33131	F I al
			☐ Add
			□ Remove
			☐ Remove
			☐ Change
			□ Add
		·	Remove
			☐ Change
			Add
			Remove
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ite: I cume reco	f the date inserted in this block nt's effective date on the Depart	effective date, but not an effective time	quirements, this date will not be listed
ted _	OCTOBER 24TH	2016	4 *
.cu _		<u></u>	
		gnature of a member or authorized representative of a	温海 8 月
		LYAN M. CASAS DABASOLO Typed or printed name of signee	
		Types of prairies name of signes	64 w
			3 00 STATE LORIDA

Filing Fee: \$25.00