

LIL 0000 07691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

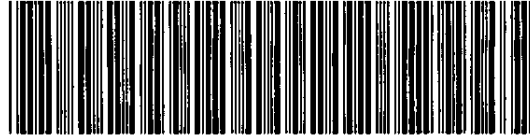
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 APR 12 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2016

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Menudo International, 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:

Paul Tarnopol
Name of Person

Firm/Company

149 Giardino Drive
Address

Islamorada FL 33036
City/State and Zip Code

paultarnopol@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Tarnopol at (305) 562-7312
Name of Person 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

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

Menudo International, 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 1/11/16 and assigned
Florida document number L16000007691

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

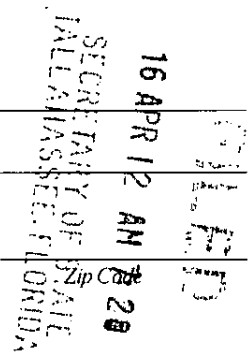
City, Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>PAUL TARNOPOLO</u>	<u>149 Garding Drive</u>	<input checked="" type="checkbox"/> Add
		<u>ISLAMORADA FL 33036</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Walter Manning</u>	<u>225 Casino Drive</u>	<input type="checkbox"/> Add
		<u>Farmingdale NJ</u>	<input checked="" type="checkbox"/> Remove
		<u>07727</u>	<input type="checkbox"/> Change
	<u>At Fishman + Company</u>	<u>3515 MALLARD RD</u>	<input type="checkbox"/> Add
		<u>LEVITTOWN, NY</u>	<input checked="" type="checkbox"/> Remove
		<u>11756</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 APR 12 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 12 AM 7:28

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated

4/7/16 . 2016

(Signature of a member or authorized representative of a member)

PAUL TARNOPOL

Typed or printed name of signee