11600054149

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to F	Filing Officer:	
	Office Hee O	,



500304139705

10/10/17--01036--024 **25.00

2017 OCT 10 AH 10: 53

OT HARRIS

COVER LETTER

	ision of Cor	porations		
SUBJECT:	DP & B F	OOD LLC		
20202011		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
	Articles of Amendment and fee(s) are submitted for filing. Alticles of Amendment and fee(s) are submitted for filing. Alticles of Amendment and fee(s) are submitted for filing. ALEJANDRO PICHARDO Name of Person ACCOUNTING CENTER OF ORLANDO LLC Firm/Company 1706 E SEMORAN BLVD STE 103 Address APOPKA, FL 32703 City/State and Zip Code INFO@ACCOUNTINGORL.COM E-mail address: tio be used for future annual report notification) formation concerning this matter, please call: D PICHARDO Name of Person 1 407 Area Code Daytime Telephone Number check for the following amount: ling Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed)			
			Name of Person	
		ACCOUNTING CENTER	OF ORLANDO LLC	
			Firm/Company	
		1706 E SEMORAN BLVE	O STE 103	
			Address	
		APOPKA, FL 32703		
		INFO@ACCOUNTINGOR		
		-		cation)
For further in	iformation c	oncerning this matter, please ca	all:	
ALEJANDR	O PICHAR	DO		
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

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

DP & B FOOD 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 03/16/2016 ___ and assigned Florida document number L16000054149 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 _, Florida __

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

Title	<u>Name</u>	Address	Type of Action
MGRM	FELIX MARTE	13025 GARRIDAN AVE	
		WINDERMERE, FL 34786	■ Remove
			Change
			Add
		 	Remove
			Change
		₩	Add
			☐ Remove
			Change
			Remove
			☐ Change
			
			☐ Remove
		•	Add Framove

f amending any other information	i, enter change(s) here: (Att	tach additional sheets,	if necessary.)	
· · ·				
•				
				
	_			
				
			 	
 ,				<u>-</u>
				
				
			,	
				
				
				
				
		<u> </u>		
				
		·····		
ffective date, if other than the dat an effective date is listed, the date must be	te of filing:		(optional)	
an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	does not meet the applicable st	of filing or more than 90 day atutory filing requiremen	ys after filing.) Pursuar ts, this date will not	t to 605.0207 be listed as t
ocument's effective date on the Depar	unent of State's records.			
e record specifies a delayed ef The 90th day after the record	fective date, but not an ϵ is filed.	effective time, at 12	:01 a.m. on the	earlier of:
SEPTEMBER 28TH	2017			
	200 1		<u>T</u> .	<u>~</u> 3
Sign	nature of a member or authorized re	epresentative of a member		
(Parameter of a superior	1 ·	130
PRIMITIVO BATISTA			°o. êg	0 1
·	Typed or printed name	of signee		
				AH 10:
	Page 3 of	•	٠.	.; .;

Filing Fee: \$25.00