## 116000095093

| (Requestor's Name)                      |      |
|---|------|
| (Address)                               |      |
| (Address)                               |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | /AIL |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| Certified Copies Certificates of Status |      |
| Special Instructions to Filing Officer: |      |
|   |      |
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Office Use Only



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## **COVER LETTER**

Registration Section
Division of Corporations

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

| SUBJECT: TATY                | FERNANDEZ                                  | FINE FOOD LLC   | <u> </u>  |
|------------------------------|--|---|---|
|                              | Name of Limite                             | ed Liability Company  | <u> </u>  |
|                              |  |   |   |
| The enclosed Articles of Ar  | mendment and fee(s) are subm               | nitted for filing.  |   |
| Please return all correspond | lence concerning this matter to            | the following:  |   |
|                              |  |   |   |
|                              | TATIANA E                                  | P. FERNAN DE Z  Name of Person                                      | ·····   |
|                              |  | _   |   |
|                              | TATY FERNA                                 | WDEZ FINE FOOD  | DUC.  |
|                              | 11874 WATE                                 | ER RUN Alley  |   |
|                              |  | Address   |   |
|                              | WINDERM                                    | ERE, FL, 347<br>City/State and Zip Code                             | 86  |
|                              |  | EZFINEFOOD@ GMA<br>be used for future annual report notification    | `   |
| For further information con  | cerning this matter, please call           |   |   |
|                              | vorining that indicate, product out        | ••  |   |
| TATIANA G.                   | FERNANDEZ                                  | at ( <u>305)</u> 773.02<br>Area Code Daytime Tele                   | 216   |
| Name of P                    | erson                                      | Area Code Daytime Tele  | phone 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                              |  |   |   |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (.   | A Florida Limited Liab    | oility Company)                      | ·             |                   |
|--|---------------------------|--------------------------------------|---------------|-------------------|
| The Articles of Organization for this Limited Lia  | bility Company we<br>5093 | ere filed on MAY                     | 16th, 201     | Cand assigned     |
| This amendment is submitted to amend the follow  | wing:                     |                                      |               |                   |
| A. If amending name, enter the new name of   | the limited liabilit      | y company here:                      |               |                   |
|  |                           |                                      |               |                   |
| The new name must be distinguishable and contain the wo                                  | rds "Limited Liability    | Company," the designation            |               | viation "L.L.C."  |
| Enter new principal offices address, if applica  | ble: _                    |                                      | 77,854 (      |                   |
| (Principal office address MUST BE A STREE)   | <i>ADDRESS</i> )          |                                      |               | 11-2              |
|  | _                         |                                      | <u> </u>      | m                 |
| Enter new mailing address, if applicable:  | -                         |                                      | r cs          | <del>-</del> -    |
| (Mailing address MAY BE A POST OFFICE B  | <u> </u>                  |                                      |               | 3                 |
| B. If amending the registered agent and/o registered agent and/or the new registered off |                           |                                      | _             |                   |
| Name of New Registered Agent:  | AVAITAT                   | GONCALVE                             | S FERN        | ANDEZ             |
| New Registered Office Address:   | 11874 W                   | ATER RUN I<br>Enter Florida street & | AllEY address |                   |
|  | WINDERA                   | NERE City                            | _, Florida    | SA786<br>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.

11 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> | Name                   | Address                            | Type of Action |
|--------------|------------------------|------------------------------------|----------------|
| MGR          | TATIANA G. FERNANDEZ   | 11874 WATER RUN AllEY              | XAdd           |
|              |                        | WNDERMERE, FL, 34786               | Remove         |
|              |                        |                                    | Change         |
| <u>MGR</u>   | ELIZABETH N. GONCALVES | 19874 WATER RUA AllEY              | □ Add          |
|              |                        | WINDERMERE, FL, 34786              | Remove         |
|              |                        | ····                               | Change         |
|              |                        |                                    | Add            |
|              |                        |                                    | Remove         |
|              |                        |                                    | Change         |
|              | ·                      |                                    | □ Add          |
|              |                        |                                    | _□ Remove      |
|              |                        |                                    | Change         |
|              |                        | CRETARY OF STATE LAND, SPENFLORID. | -              |
|              |                        |                                    | _□ Add         |

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| fect<br>en ef | tive date, if other than the date of filing: (optional)  Tective 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 605.020 |
| <u>ote:</u>   | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a  |
| cun           | nent's effective date on the Department of State's records.  |
|               |  |
| re<br>The     | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of 90th day after the record is filed.  |
|               |  |
| ntad          | FEBRUARY 13th, 2017.   |
| awu           | TEOMARY 15 ACC.  |
|               |  |
|               | Signature of a member or authorized representative of a member   |
|               |  |
|               | ELIZABETH E. N. GONCALVES Typed or printed name of signee  |