

# L16000205881

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JAN 24 2017  
S. YOUNG

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUISSA RECYCLE CONCRETE 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:

MORRIS GIRNUN  
Name of Person  
ACCUTAX & ACCOUNTING SERVICES LLC  
Firm/Company  
P.O. BOX 5032  
Address  
DEERFIELD BEACH FL 33442  
City/State and Zip Code  
KIJORO@AOL.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

MORRIS GIRNUN at ( 954 ) 5740081  
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**

SUISSA RECYCLING CONCRETE 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 SEPTEMBER 9TH 2017 and assigned Florida document number L16000205881.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

UCP FOOD LLC

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:**

7300 W CAMINO REAL UNIT 101

**(Principal office address MUST BE A STREET ADDRESS)**

BOCA RATON

FL 33433

**Enter new mailing address, if applicable:**

7300 W CAMINO REAL UNIT 101

**(Mailing address MAY BE A POST OFFICE BOX)**

BOCA RATON

FL 33433

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**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:

ZVI SCHWARZMAN

New Registered Office Address:

7300 W CAMINO REAL UINT 101

*Enter Florida street address*

BOCA RATON

*City*

Florida

33433

*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 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>
MGR	ALBERT SUISSA	9413 BOCA COVE CIRCLE #1102	<input type="checkbox"/> Add
		BOCA RATON	<input checked="" type="checkbox"/> Remove
		FL 33428	<input type="checkbox"/> Change
MGRM	ZVI SCHWARZMAN	7300 W CAMINO REAL UNIT 101	<input checked="" type="checkbox"/> Add
		BOCA RATON	<input type="checkbox"/> Remove
		FL 33433	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 18TH 2017

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

ZVI SCHWARZMAN

Typed or printed name of signee