#112000126089

(Reque	estor's Name)	
(Addre	ess)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	me)
(Docum	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



700260724737

06/02/14--01011--016 **25.00

2014 JUN -2 AMII: 20

K. SALY EXAMINER JUN - 9 2014

COVER LETTER

TO:	Registration Sec Division of Corp			
	VM FOO	D USA, L.L.C.		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspor	idence concerning this matter	to the following:	
		Heidi Uuranniemi		
			Name of Person	
		Heidi H. Uuranniem	i, P.A.	
			Firm/Company	
		7634 NW 6th Ave.		
			Address	
		Boca Raton, FL 334	87	
		heidi522@hotmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	ırther information co	ncerning this matter, please ca	all;	
Heid	di Uuranniemi		561 994-0280	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for the	e following amount:		
2 \$2	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

2014 JUN-2 AMII: 20 VM FOOD USA, L.L.C. (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 L12000126089 Florida document number 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 end with 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Authorized	Member being added or removed fro	m our records:	<u>цини мимя роз од сист гланицева</u>
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Miika Lilja	Varjantie 6	
		17200 Vaaksy	☐ Remove
		FINLAND	
			Add
			☐ Remove
			Add
			Remove
			Add
			Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Remove

·		
entive date if ather than the	date of filings	(optional)
ective date, if other than the effective date must be specific, can date this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and cam lorida Department of State)	(optional) not be more than 90 days after
date this document is filed by the F	lorida Department of State)	(optional) not be more than 90 days after
date this document is filed by the F	lorida Department of State)	(optional) not be more than 90 days after
Sective date, if other than the effective date must be specific, came date this document is filed by the F May 29 and May 29	lorida Department of State)	(optional) not be more than 90 days after
date this document is filed by the F	lorida Department of State)	(optional) not be more than 90 days after
date this document is filed by the F	lorida Department of State)	

Page 3 of 3

Filing Fee: \$25.00