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| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| | | |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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STORUTARY OF STATE

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COVER LETTER

| Div | ision of Corp | porations | | | | | |
|---------------|-----------------|---|------------------|--|---|--|--|
| SUBJECT: | | eal soulutions LLC | | | | | |
| SCHOLCI. | 7:2 | Name of Limited Liability Company | | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub- | mitted for filir | ıg. | | | |
| Please returr | all correspon | ndence concerning this matter | to the following | ng: | | | |
| | | | | | | | |
| | | Ariel Benigno | | | | | |
| | | | Name of | `Person | | | |
| | | | | | | | |
| | | | Firm/Company | | | | |
| | | 101090 crosswind road | | | | | |
| Address | | | | | | | |
| | | Boca Raton | Fla | 33498 | | | |
| | | | City/State an | d Zip Code | | | |
| | | Bluebirdmeals@gmail.com E-mail address: () | | iture annual report notific | cation) | | |
| For further i | nformation co | oncerning this matter, please ca | | • | , | | |
| Ariel Benigi | | | 64 at (|) | | | |
| | Name of | Person | Are | a Code Daytime | Telephone Number | | |
| Enclosed is | a check for th | e following amount: | | | | | |
| □ \$25.00 F | Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certific | Filing Fee & ed Copy nal copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

MAILING ADDRESS:

TO:

Registration Section

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

| BlueBird Meal Solutions LLC | | |
|---|---|---------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our,records.) nied Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 2/13/2017 | and assigned |
| Florida document number L17000030134 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| Bluebird's Kitchen L.L.C | | |
| he new name must be distinguishable and contain the words "Limited I | 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 | <u> </u> | |
| | | 00 544 |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | — | £ |
| | | 97 |
| | | |
| 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address | | nter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a |
| | City | 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

| | Authorized Member | | |
|--------------|-------------------|----------------|----------------------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ffective date, if other than the data an effective date is listed, the date must be to the list of the date inserted in this block becament's effective date on the Department. | k does not meet the | e applicable statu | iling or more than 9 tory filing require | (optional) 0 days after filing.) Poments, this date wi | arsuant to 605.0 If not be fisted | 20° I as |
| e record specifies a delayed of The 90th day after the recor | effective date, l d is filed. | but not an eff | ective time, at | 12:01 a.m. on | the earlier | - o |
| 02/23/2017 | | | | | | |
| ated (NIN) DM | | · | | | 17 FE8 | |
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Page 3 of 3

Filing Fee: \$25.00