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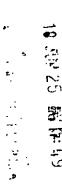
| (Requestor's Name)                      |
|---|
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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## **COVER LETTER**

| 10:    | Registration Se<br>Division of Cor |   |   |   |             |
|--------|------------------------------------|---|---|---|-------------|
| SUBJI  | UNITED C                           | GLOBAL TRADE, LLC                               |   |   |             |
| 501551 |                                    | Name of Limi                                    | ited Liability Company  |   |             |
| •      |                                    |   |   |   |             |
| The en | closed Articles of                 | Amendment and fee(s) are subs                   | mitted for filing.  |   |             |
| Please | return all correspo                | ndence concerning this matter                   | to the following:   |   |             |
|        |                                    | Claudia E Reyes                                 |   |   |             |
|        |                                    |   | Name of Person  |   |             |
|        |                                    | CBS Financial CPA                               |   |   |             |
|        |                                    |   | Firm/Company  |   |             |
|        |                                    | 6075 W Commercial Blvd                          |   |   |             |
|        |                                    |   | Address   |   |             |
|        |                                    | Tamarae, FL 33319                               |   |   |             |
|        |                                    |   | City/State and Zip Code   |   |             |
|        |                                    | claudia@cbsfinancialcpa.co                      | m<br>to be used for future annual report notif                      | tiontion  |             |
| For fu | rther information c                | oncerning this matter, please ca                | ·   | (Cation)  |             |
|        |                                    | oncerning this matter, prease ea                |   |   |             |
|        | ia E Reyes Name o                  | f Person  | 954 724-4141<br>at ()<br>Area Code Daytime                          | e Telephone Number  |             |
|        |                                    |   |   |   |             |
| Enclos | sed is a check for th              | ne following amount:                            |   |   |             |
| \$2    | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate of Certified Co (additional cop | of Status & |

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

UNITED GLOBAL TRADE, 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 04/07/2017 and assigned Florida document number L17000078573

This amendment is submitted to amend the following:

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

GROUP PELLEGRINI FOOD, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 15...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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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|     |                                       |  |  |
|     | CD = M                                |  |  |
| iVI | GR = Manager                          |  |  |
| A   | MBR = Authorized Member               |  |  |

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
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| ffective data if ather than the data  | June 22, 2018   | (a=#:a==1                            |  |
| ffective date, if other than the date of an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department. | ecific and cannot be prior to date of fil<br>s not meet the applicable statutor | ing or more than 90 days after filin | g.) Pursuant to 605.0207                     |
| e record specifies a delayed effe<br>The 90th day after the record is   | ctive date, but not an effe<br>s filed.   | ctive time, at 12:01 a.m             | , on the earlier of                          |
| ated  | 2018  | rlla                                 |  |
| <b>Y</b>  |   | 1.70                                 | 3^   |
| Signa   | ure of a member or authorized repres  | entative of a multiple               |  |
|   |   |                                      |  |

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Filing Fee: \$25.00