## 18000257579

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Con				
SUDIE		N FOOD PRODUCTS LLC			
SUBJEC	-l:	Name of Lin	rited Liability Company	_	
		Amendment and fee(s) are sub	_		
Please re	turn all correspe	ondence concerning this matter	to the following:		
		Shaji Habib			
			Name of Person		
		AMERICAN FOOD PRO	DUCTS LLC		2023 OCT
			Firm/Company		
		255 PRIMERA BLVD SU	FITE 160		1 - 3 P
			Address		7.5.7 TO
•		LAKE MARY, FL 32746			-3 PH 2:30
			City/State and Zip Code		٠,
		shaji@americanfoodproduc			
			to be used for future annual report of	iotification)	
For furth	er information e	oncerning this matter, please c	all:		
Shaji Ha	bib		407 690-3753		
Name of Person		Area Code Days	time Telephone Number		
Enclosed	lis a check for th	ne following amount:			
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration S Division of C	Section	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN FOOD PRODUCTS LLC	·	
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.18000257579	and assigned	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	2023 00
United Accounting Group LLC  The new name must be distinguishable and contain the words		
The new name must be distinguishable and contain the word:	s "Limited Liability Company." the designation "ELC" or t	
Enter new principal offices address, if applicable	e:	γ, ω (/) (π <del>πρ</del>
(Principal office address MUST BE A STREET A	ADDRESS)	7
		72
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address h		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Emor Florida street address	<i>-</i>
	Florida	•1
-	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
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□( <b>1</b> )30
			□ Remove
			Change
<del></del>			
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			Remove

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ctive date is listed, the date If the date inserted in th	is block does not meet the applicable statu he Department of State's records.	mory thing requirements, this date will not se use	
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ve date, if other than	e must be specific and cannot be prior to date of:	(optional)  filing or more than 90 days after filing.) Pursuant to 605.	.02074
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	c date, if other than	re date, if other than the date of filing:	SS: PH 2: 31

7) ! 1r\*

Filing Fee: \$25.00

Typed or printed name of signee