

6/10/2021

Division of Corporations

L200016860
Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 10 AM 8:43

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AR FOODS LLC

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H21000230397 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR FOODS LLC

Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 06/10/2021 and assigned

Florida document number: L2009016860

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065 (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, FL 33065 (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: ROMAR SPRINGS LLC

New Registered Office Address: 3111 N UNIVERSITY DR STE 105 CORAL SPRINGS, Florida 33065

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.

[Signature] If Changing Registered Agent, Signature of New Registered Agent

H21000230397 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

