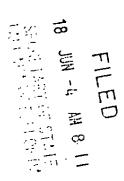
L02000030872

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200314193342



06/04/18--01007--011 **275.00



K SALY JUN 5 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/	4/2018					**WALK IN**
ENTITY NA	ME	B&A FOOD (BROKERS FLO	ORIDA, LLC		
		-		<u></u>		
DOCUMENT	i NUMBEI	₹				
		PLEASE	FILE THE ATTA	ACHED AND RETUR	RN	
xxxxxx	<u>(</u>	Plain Copy				
		Certified Cop	•			
		Certificate of	of Status			
	<u>—</u>	• •	py of Arts & Ame of Good Standing	ndments		
		APOSTI	ILLE' / NOTARI	IAL CERTIFICATI	: :ON	
COUNTRY C						
NUMBER OI	F CERTIFIC	CATES REQUESTA	E0			
TOTAL OW	VED\$2	25.00		снеск # <u>4890</u>		
Please cal	ll Tina at	the above number	ber for any iss	rues or concerns,	Thank you	so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 JUN-4 AM 8 11

B & A FOOD SALES, FLORIDA, LLC

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

of for this Limited Liability Company were filed on 11/18/2002

Name of New Registered Agent: New Registered Office Address:	1083 Shotgun Roa	Enter Florida street address , Florida = \frac{33326}{Zip Code}
		ıd
Name of New Registered Agent:	Scott Micter	
	Scott Meter	
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our records, <u>enter the name of the ne</u>
	-	
Mailing uddress MAY BE A POST OFFICE	E BOX)	
Enter new mailing address, if applicable:	·	not applicable
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new principal offices address, if appl	icame:	not appricable
		not applicable
· ·		Company," the designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liabilit	ty company here:
The mineral is sometimed to unless the 10	Howing:	
This amendment is submitted to amend the fo		
Florida document number 1.02000030872 This amendment is submitted to amend the fo		

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 = -N $AMBR = A$	Ianager kuthorized Member		
Title	Name	Address	Type of Action
			
			□ Remove
			☐ Change
	***************************************		Add
			Orchange T
	· · · · · · · · · · · · · · · · · · ·		
			C Change
			bbA 🗆
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
	<u> </u>		□ Add
			□ Remove
			☐ Change

not applicable		
		ي
· 		
ive date, if other than the (date of filing:	(optional)
fective date is listed, the date must	be specific and cannot be prior to date of filing or more than 9 ck does not meet the applicable statutory filing require	A) days after filling.) Furguant to 605 02
ient's effective date on the De	partment of State's records.	
	effective date, but not an effective time, at	: 12:01 a.m. on the earlier
90th day after the reco	ira is filea.	
4th day of May	2018	
(2322)		
المالية	Signature of a member or authorized representative of a mem	भेष्टा

Page 3 of 3

Filing Fee: \$25.00