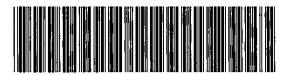
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SECRETARY OF STARE

D. BRUCE APR 26 2017

COVER LETTER

SUBJECT: C.	BROTHERS Name of Lin	INVESTMENT nited Liability Company	5,LLC	
	mendment and fee(s) are sub	-	·	
	Abel	Cossedor Name of Person		
	Sadad	5000S Firm/Company		
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	DOBAL,	FL 33/78 City/State and Zip Code a da dy food S (to be used for future annual report not	om Žs	Č2
For further information con-	E-mail address: (cerning this matter, please ca		ETARY HASSE	TILE NAME OF THE
Abel Corr Name of P	edo <	at (305) S37 Area Code Daytin	ne Telephone Number	_
Enclosed is a check for the	following amount:		≫	w
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

TO:

Registration Section **Division of Corporations**

> 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

C. BROTHERS INVESTMENTS, 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 <u>05-27-2003</u> and assigned Florida document number 1030000 189.88 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SADADY FOODS , LLC

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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) name B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	Ianager Authorized Member (//>	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		at 12:01 a.m. on the earlier
	cord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	
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The	90th day after the record is filed.	ember

Page 3 of 3

Filing Fee: \$25.00