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(Address)
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	City/State/Zip/Phone #)
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COVER LETTER

	stration Secti sion of Corpo			
SUBJECT:	COULEUR F	PROVINCE FOODS LLC		
Sobabe tr	·, ·	Name of Lim	ited Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return :	all correspond	ence concerning this matter	to the following:	
		ROBERTO HUERTA SE	₹.	
		-	Name of Person	
		1906 CLINT MOORE RE	Firm/Company	
		BOCA RATON FL 33496	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further int	formation con	cerning this matter, please ca	all:	
ROBERTO H	HUERTA SR		561 315-5264	
•	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

pany as it now appears on our records.) d Liability Company)	
ny were filed on 01/23/2008	and assigned
ability company here:	
ability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
N/A	
	01V (S); SEC
	EP -5
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office address on our records, <u>en</u> <u>ere</u> :	ter the name of the no
I	ability company here: Solitity Company," the designation "LLC" or the N/A Office address on our records, en

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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HUERTA, ROBERTO JR	581 Wilkinson Road Lantana FL 33486	
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	08/31/2018	(ontional)
effective date; if other than the effective date is listed, the date must be unent's effective date on the De	date of filing: be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing repartment of State's records.	than 90 days after filing.) Pursuant to 605.0 equirements, this date will not be listed
record specifies a delayed he 90th day after the reco	effective date, but not an effective tim rd is filed.	e, at 12:01 a.m. on the earlier
ed	2018	
~ `````	The state of the s	
——————————————————————————————————————	Signature of a member or authorized representative of	a manihar

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Filing Fee: \$25.00