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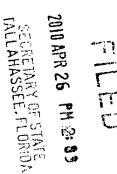
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C. LEWIS

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpo		·	•	
SUBJE	· • · · · · · · · · · · · · · · · · · ·	Culinary Pro	duce & Dairy, LLC		
30 200			ed Liability Company		
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			Sherri Vesco		
			Name of Person		
		Culina	ary Produce & Dairy, LLC		
			Firm/Company		
		7401	Wiles Road, Suite 134		
			Address		
		Co	oral Springs, Fl. 33067		
City/State and Zip Code					
		E-mail address: (to	nfo@culinarypd.com o be used for future annual report notific	ation)	
For fur	ther information con-	cerning this matter, please ca	ail:		
Sherri Vesco Name of Person			at (954) 3 Area Code & Daytime	345-8239	
	Name of P	erson	Area Code & Daytine	reteptione number	
Enclose	ed is a check for the	following amount:			
\$2 5	.00 Filing 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

FILED

2010 APR 26 PM 2: 89

. Culinary Production (Name of the Limited Liability Compa (A Florida Limited I	ce & Dairy, Ll ny as it now appea Liability Company)	LC rs on our records. LA	ETARY OF STATE HASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL0900005730	were filed on	04/21/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	re:	
The new name must be distinguishable and end with the words "Lim"	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	new principal offices address, if applicable: Culinary Produce & Dairy, LLC		
(Principal office address MUST BE A STREET ADDRESS)	7401 Wiles Road # 134		
	Coral Spring	s, Fl. 33067	
Enter new mailing address, if applicable:	Culinary Pro	duce & Dairy, LLC	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 9522		
	Coral Spring	s, Fl. 33075	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	· e :	our records, <u>enter t</u> nter Florida street addi , Florida	ress
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Name</u> Address **Type of Action** Remove ☐ Add ☐ Remove _____ Remove Remove _∏Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____April 21, Signature of a member or authorized representative of a member Sherri Vesco Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00