## 109000007546

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(Add	lress)	
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(City	/State/Zip/Phone	= <b>#</b> )
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	FilthyF	ood LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Bob Shell			
		Name of Person			
		Filthy Food, LLC			
	11 (7)				
	16500	NW 15th Ave			
			•		
	<u> </u>	111mi, FL 3316	. <del>Y</del>	2	
	<b>1</b>	City/State and Zip Code  She bobe filth	y food.com	20 APR	
		to be used for future annual report notif	ičation)	- ر ف	117
	oncerning this matter, please co	all:		<b>TP</b>	<u>.</u>
VAleria	Gurziglia	at (786) 301-	5213	91 11 18 18 18 18 18 18 18 18 18 18 18 18	
Name o	f Person	Area Code Daytime	Telephone Number	9 PH 44 PC	• `
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Societified Copy (additional copy is	Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fil	thy Food, LLC	第二章
	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L0900007546</u>	ility Company were filed on	23/09 and assigned 50
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our record ere:	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
-	Ciţı	, Florida 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 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 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>	Address	Type of Action
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		16500 NW ISMAVE Micni, FL 33169	Remove
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	the date must be specified in this block does to on the Department wed effective date, but the control of the Signature	red in this block does not meet the applies on the Department of State's record red effective date, but not an effective of a member or aut Rigert All	r than the date of filing:  the date must be specific and cannot be prior to date of filing or and in this block does not meet the applicable statutory filing to the Department of State's records.  The second sec	r than the date of filing:  the date must be specific and cannot be prior to date of filing or more than 90 days at an on this block does not meet the applicable statutory filing requirements. It to on the Department of State's records.  The defective date, but not an effective time, at 12:01 a.m. on the earlier of:  2020  Signature of a member or authorized representative of a member	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to did in this block does not meet the applicable statutory filing requirements, this date will not be te on the Department of State's records.  The second of the prior to date and the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to date of filing or more than 90 days after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing.) Pursuant to determine the prior to day after filing or more than 90 days after filing.) Pursuant to determine the prior to day after filing or more than 90 days after filing.) Pursuant to determine the prior to day after filing or more than 90 days after filing.) Pursuant to day after filing or more than 90 days after filing or more t