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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2013

ROBERT LAIRD 1519 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308

SUBJECT: FOOD GROUPS UNLIMITED LLC

Ref. Number: L09000047197

We have received your document for FOOD GROUPS UNLIMITED LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 713A00002201

2013FEB 21 開節: 山

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Food Groups Unlimite	d, LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ompany)		
he Articles of Organization for this Limited Liability Company were filed	d on 5/14/2009	and assigned	
lorida document numberL0900047197			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability com	pany here:		
he new name must be distinguishable and end with the words "Limited Liabili L.L.C."	ty Company," the designation	ı "LLC" or the abbreviati	
nter new principal offices address, if applicable:		- 	
Principal office address MUST BE A STREET ADDRESS)		SEC.	
		至而 田 丁	
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nter new mailing address, if applicable:		TO B IT	
Mailing address MAV DE A DOST OFFICE DOV			
. If amending the registered agent and/or registered office address here:	ess on our records, <u>ente</u>	r the name of the no	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _		
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

<u>tle</u>	<u>Name</u>	Address	Type of Action
<u>GRM</u>	Kevin Dennin	2500 Merchants Row Blvd #158 Tallahassee FL, 32311	Add ☑ Remove
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			Add Remove
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			Add Remove
If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessar	
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ated			
	Signature of a ri	nember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00