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| (Re                                     | questor's Name)    | · ·- · · · · · · · · · · · · · · · · |  |  |
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| (Cit                                    | y/State/Zip/Phone  | e #)                                 |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL                                 |  |  |
| · (Bu                                   | siness Entity Nan  | ne)                                  |  |  |
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| (Document Number)                       |                    |                                      |  |  |
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2009 SEP -9 PM 14 37
SECRETARY OF STATE
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C. LEWIS

SEP 1 0 2009

EXAMINER

## **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |   | g g e e   | f ,  |
|--|---|---|--|
| OLID TO CO                                 | ADDICTED                                      | TO FRESH, L.L.C.  | ,  |
| SUBJECT:                                   |   | ted Liability Company   | ·····  |
| The enclosed Articles of Ar                | mendment and fee(s) are sub                   | mitted for filing.  |  |
| Please return all correspond               | lence concerning this matter                  | to the following:   |  |
|  |   | DAMON FOSTER  |  |
|  |   | Name of Person  |  |
|  | ADDIO   | CTED TO FRESH, L.L.C.   |  |
|  |   | Firm/Company  |  |
|  | 2578 ENT                                      | ERPRISE ROAD SUITE #13  | 30   |
|  |   | Address   |  |
|  | OR/   | ANGE CITY, FL. 32763  |  |
|  |   | City/State and Zip Code   |  |
|  | E-mail address: (to                           | ictedtofresh@gmail.com  be used for future annual report notifice | ation)   |
| For further information con                | cerning this matter, please ca                | all:  |  |
|  | N FOSTER                                      |   | 01-0515  |
| Name of P                                  | erson   | Area Code & Daytime   | Celephone Number   |
| Enclosed is a check for the                | following amount:                             |   |  |
| \$25.00 Filing Fee                         | \$30.00 Filing Fee &<br>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

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| ADDIC  | TED TO FRESH, L.L.C.  | SECRETARY OF STATE TALLAHASSEE, FLORID       |
|--|---|--|
| (Name of the Limited Liab<br>(A Flor   | illity Company as it now appears ida Limited Liability Company) | on our records.)                             |
| The Articles of Organization for this Limited Liability Florida document number                      |   | JGUST 27, 2009 and assigned                  |
| This amendment is submitted to amend the following   | g:  |  |
| A. If amending name, enter the new name of the   | limited liability company here:                                 |  |
| The new name must be distinguishable and end with the "L.L.C."                                       | words "Limited Liability Company                                | ," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  | <u> </u>  |  |
| (Principal office address MUST BE A STREET AL  | ODRESS)   |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX                  | 2   |  |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a |   | r records, enter the name of the new         |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   | Ente  | r 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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title** <u>Name</u> **Address** VICTOR E HUBBARD MGRM 551 PROSPECT ST., 1ST FLOOR Add EAST ORANGE, NJ. 07017 Remove ☐ Add Remove Add ☐ Remove Add Remove Add Remove ∏Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Tak ID. - 27-0835533

Dated AUGUST 31 2009 SEP SAR SEP SER SIgnature of a member or authorized representative of a member

Page 2 of 2

DAMON FOSTER
Typed or printed name of signee

Filing Fee: \$25.00