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16 SEP 28 PH 3: 57 DIVISION OF CORPORATIONS

COVER LETTER

Division of Corpo	rations
SUBJECT:	NTER FOODS CUBA LLC Name of Limited Liability Company
	nendment and fee(s) are submitted for filing. ence concerning this matter to the following:
r lease return an corresponde	sice concerning this matter to the following.
	JOSE A. GARRIDO, JR
	WALTON & POST
	9375 NW 117 AVENUE
	MIAMI, FL 33178 City/State and Zip Code
	SARIJOJR WALTON POST. COM E-mail address: (to be used for future annual report notification)
For further information cond	terning this matter, please call:
Jose A. JA	erson at (305) 591-111 Parson Daytime Telephone Number
Enclosed is a check for the f □ \$25.00 Filing Fee	Collowing amount: \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status} \Bigcup \\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

INTERFOODS	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
INTERFOODS CARIB	BEAN LLC
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere	d office address on our records, enter the name of the new
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 Changing Registered Agent, Signature of New Registered Agent

amendii remove	ng Authorized Person(s) authonder	rized to manage, <u>enter the title, name, a</u>	and address of each person being ad
GR =	Manager Authorized Member		
<u>tle</u>	Name	Address	Type of Action
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			☐ Remove
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			Remove
			☐ Change
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