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•					
(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	WAIT MAIL				
. (Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions	to Filing Officer:				





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SECRETARY OF STATE

S. HAWKES

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EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor	ection porations .				
SUBJE						
99,001			FOODS, LLC ted Liability Company			
	•	•				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		, THOMAS CHAN				
			Name of Person			
			USA FOODS, LLC			
			Firm/Company			
		1107 M	1107 MANTUA PIKE STE 701 #121			
			Address			
			MANTUA, NJ 08051			
			City/State and Zip Code			
		E-mail address: (i	to be used for future annual repo	ort notification)		
For fur	ther information c	oncerning this matter, please c	all:			
		OMÁS CHAN	at (_407_)	616-9786		
	Name o	f Person	Area Code &	Daytime Telephone Number		
Enclos	ed is a check for the	ne following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA FOO	DS, LLC			
• (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL0900097980	were filed onC	OCTOBER 9, 2009	and assign	ned
This amendment is submitted to amend the following:			OS NOV	1
A. If amending name, enter the new name of the limited liab	ility company her	<u>:e</u> :	SSE 45	70
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	nny," the designation "L	Lemor the abbi	revietion
Enter new principal offices address, if applicable:	389 CALLIOF	PE ST.	OF O	<u>. </u>
(Principal office address MUST BE A STREET ADDRESS)	OCOEE, FL 3	34761		
Enter new mailing address, if applicable:	1107 MANTU	JA PIKE STE 701 i	#121	
(Mailing address MAY BE A POST OFFICE BOX)	MANTUA, NJ 08051			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, <u>enter t</u>	ne name of t	he new
New Registered Office Address:				
	En	ter Florida street addr	ess	
	, 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 a mending 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> **Type of Action** Title Address Remove ☐ Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 14 2009 Dated Signature of a member or authorized representative of a member **THOMAS CHAN**

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee