Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000068202 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE SERVICE BUREAU, INC.

Account Number : 120070000141 Phone : (518)463-8550

Fax Number : (518) 463-3752

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one cmail address please. **

Email	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EG FOOD SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

Mær. 25. 2010 3:51PM SERVICO INC

(((H10000068202 3)))

No. 4496 LED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 MAR 25 AM :8: 86
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EG FOOD S	OLUTIONS L	LC _		
(Name of the Limited Liability Con (A Florida Limit	npany as it now apped Liability Compan	y)		
The Articles of Organization for this Limited Liability Comp Florida document number L1000004841	any were filed on _	January 13, 2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, epter the new name of the limited !	liability company	<u>here</u> :		
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Cor	npany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			<u> </u>	
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-	
Enter new mailing address, if applicable:	345 Mariborough Place			
Mailing address MAY BE A POST OFFICE BOX)	West Palm	West Palm Beach, FL 33405		
 If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed. 		our records, <u>enter t</u>	te name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
		Enter 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

Page 1 of 2

(((H100000682023)))

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

Title	Mitine	Address	Type of Action
MGRM	Ed Godziszewski	303 Crossways Park Drive Woodbury NY 11797	Add Remove
MGRM	Ed Godziszewski	345 Mariborough Place West Palm Reach, Fi 33405	Add Remove
<u>.</u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter c	hunge(s) here: (Attach additional sheets, if necessa	ny.)
Dated	March 25	2010 May & Marini	ZIIOMAR 25 TALLAHASS
	Signature	Typed or printed name of signee Page 2 of 2	EEE PLORIG
		Filing Fee: \$25.00	DE .
		. -	

(((H100000682023)))