L10000019707

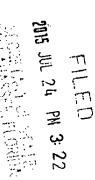
(Re	questor's Name)	
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COVER LETTER

TO: Regi	stration Sec sion of Corp	tion orations		
SUBJECT: _	western i	BEEF OF FLORIDA, LLC		
ocideer		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		MICHAEL M. RIEDHAM	IMER, ESQ.	
			Name of Person	
		HALICZER PETTIS & SC	CHWAMM	
			Firm/Company	
		1 FINANCIAL PLAZA, 7	TH FLOOR	
			Address	
		FORT LAUDERDALE, F	L 33394	
		MRIEDHAMMER@HPSL	City/State and Zip Code	
			to be used for future annual report notifi	ication)
For further in	formation co	ncerning this matter, please ca	all:	
MICHAEL M	1. RIEDHAN	MMER	954 523-9922 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED 2015 JUL 24 PH 3: 22

STATE TAIN OF STATE, TALL AHASSEE, PLORIDA

WESTERN BEEF OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number L10000019707	iability Company	were filed on _	EBRUARY 19	9, 2010	and assigned
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	f the limited liab	ility company l	<u>iere</u> :		
N/A					
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the	designation "LL	C" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:		N/A		·	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and registered agent and/or the new registered o Name of New Registered Agent:			n our recor	ds, <u>enter the</u>	name of the new
New Registered Office Address:		F			
	Enter Florida street address				
		City	, F	Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi		performance d	f my duties, a	and I am fami	liar with and

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u> SANDALFOOT SQUARE	Type of Action
AMBR	JAMES CARROLL	23072 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428	Add
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			Change
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N/A		
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	مدي سيدان ارزاد مي رو	5 JUL .
		1 24
		PH
	<u> </u>	
E. Effective date, if other than the date of filing: (optional)	32	22
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purst Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	iant to 605.0	207 (3)(ъ
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the (b) The $90th$ day after the record is filed.	ne earlier	of:
Dated 7/20/15,		
Signature of a member or authorized representative of a member		
BENJAMIN PETROFSKY, AUTHORIZED REPRESENTATIVE OF A MEMBER		

Page 3 of 3

Filing Fee: \$25.00