## L10000050921

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City)	/State/Zip/Phone	o #/		
	OtatorZiph none	C #1		
PICK-UP	WAIT	MAIL		
•				
(Bus	iness Entity Nar	ne)		
(Doc	ument Number)			
	•			
Certified Copies Certificates of Status				
<del>-</del> -				
Special Instructions to F	iling Officer:			

Office Use Only



500185847925

09/28/10--01012--007 \*\*25.00

10 SEP 28 AH 10: 52

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
SEP 29 2010
EYARAINEE

## **COVER LETTER**

TO:	Registration Section Division of Corpor			•			
SUBJE	ст: <u>'</u>	eneration:	Smart Foods, C	LC			
	Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please 1	eturn all corresponde	ence concerning this matter t	to the following:				
		Carla	Finney Name of Person				
	Carla Finney Name of Person  Generation Smart Foods  Firm/Company						
	,	6584	SW 64 <sup>44</sup> 7	Avenue			
		Olala	C. PL 3447	14			
		Carlatin E-mail address: (to	City/State and Zip Code  Ney @ JUNO . CoV  be used for future annual report notifice	tion)			
For further information concerning this matter, please call:							
<u>Co</u>	rla Fi	nney	at (352) 427-2 Area Code & Daytime	2357			
	,	•	Area Code & Daytille	reiephone Number			
Enclose	ed is a check for the f	following amount:					
<b>∑\$2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)			
	MAILIN	G ADDRESS:	STREET/COURIE	R ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Generation Sn	rait Foods, LLC	<b>2</b> 29
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records or ida Limited Liability Company)	SE SE
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on $\frac{5/12/26}{}$	and assigned ARY of the second
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	/^	AM 10: 52
The new name must be distinguishable and end with th	ne words "Limited Liability Company," the designation	ion "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ter the name of the new
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida stree	et address
	. Florid	la
-	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

Over->

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** Type of Action Address MGRM Bruce Miller 435 NE 59th Street

C. OCALA, FL 34479

MGRM Constance Miller 435 NE 59th Street Remove ☐ Add ☐ Remove ∏Add Remove \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Carla C. Finney
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00