Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6333

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

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LLC AMNDA

## S D I FOODS LLC

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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | I FOODS, LLC  |                           |
|---|---|---------------------------|
| Name of the Limited Liability (A Florida  | Company as it now appears on our records.) Limited Liability Company) | <del></del>               |
| The Articles of Organization for this Limited Liability Co<br>Florida document number L10000115423    | ompany were filed on November 4, 2010                                 | and assigned              |
| This amendment is submitted to amend the following:   |   |                           |
| A. If amending name, enter the new name of the limi   | ited liability company here:  |                           |
| The new name must be distinguishable and contain the words "Limi                                      | ind Liability Company," the designation "LLC" or                      | the aboreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | <del></del>               |
| (Principal office address MUST BE A STREET ADDR   | ESS)  |                           |
| •   |   | <del></del>               |
| Enter new mailing address, if applicable:   |   |                           |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <u> </u>                  |
|   |   |                           |
|   |   |                           |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | tered office address on our records, <u>e</u><br>ress here:           | nter the name of the new  |
| Name of New Registated Agent:   | <i></i>   |                           |
| New Registered Office Address:  |   |                           |
| -   | Enter Florida street address  |                           |
|   | , Florid  |                           |
|   | City  | Zıp 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

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

MGR = Manager AMBR = Authorized Member

| Titte | Name                 | <u>Address</u>       | Type of Action |
|-------|----------------------|----------------------|----------------|
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| •     |                      | Miami, Florida 33147 | ∰ Remove       |
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| t amending any other information, enter change(s) here: (Attach additional sheets, if necess   | sary.)   |
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| October 6, 2017  Coption of filing:  October 6, 2017  (option of an effective date is listed, the case must be specific and cannot be prior to date of filing or more than 90 days after filener. If the date inserted in this block does not meat the applicable statutory filing requirements, this document's effective date on the Department of Sister's records. | iaf)<br>ling ) Pursuent to 605.020<br>late will not be listed es |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.<br>The 90th day after the record is filed.   | m. on the earlier o  |
| Marco Signature of a member of authenzed representative of a member  |  |
| 14 . 4 . 4   |  |

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