L10000124785

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SECRETARY OF STATE AND ABASSEE FLORIDA

WAP 5/20/15

Div	ision of Corp	porations				
SUBJECT:	MR.D'S SN	OWIES, L.L.C.				
ochiler.			ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		TRACEY C. HIGGINBOT	ГНАМ			
Name of Person						
HIGGINBOTHAM COMPANIES INC						
Firm/Company						
3790 N US 1						
			Address			
		"	City/State and Zip Code			
			M@HIGGINBOTHAMCOSINC.CO			
		E-mail address: (t	to be used for future annual report notifica	tion)		
For further in	iformation co	ncerning this matter, please ca	df:			
TRACEY C. HIGGINBOTHAM 321 632-5726 at ()						
Name of Person			Area Code Daytime To	elephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 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

TO:

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

MR. D'S SNOWIES, L.L.C.				
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears on on iability Company)	ir records.)	
The Articles of Organization for this Limited Liab Florida document number L10000124785	oility Company	were filed on $\frac{01/01/20}{}$	11	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
TATRO SPICES & ICE LLC				
The new name must be distinguishable and contain the work	ds "Limited Liabili	ty Company." the designat	ion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida stre	eet address	
			, Florida	Zip Code
		City		Zıp Code
New Registered Agent's Signature, if changing Re				·1
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	and complete j ered agent as p gistered office	performance of my di rovided for in Chapte	uties, and I am fa er 605, F.S. Or, j	imiliar with and sifting deciment is

If Changing Registered Agent, Signature of New Registered Sent

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		<u> </u>	Change
			□ Add
			□ Remove
			□ Change
			□ Remove
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Dated MAY 8		2015				
	Al.M.	SH	5			
	Signature	of a member or author	ized representative of	`a member		<u>ਜ</u> ਼
WILLIA	AM D. TATRO				ARE	HAY
		Typed or printed	name of signee	<u> </u>	<u>m</u> -<	<u></u>
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		Page .	3 of 3		, 25 25 25 3	ři (

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