

02/18/2032

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P.001/004

# L110000839143599

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Fax Number : (850) 617-6383

From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOOD CHAIN EXPRESS LLC

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APR 09 2014

J. BRUCE

H14000083914

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Food Chain Express, 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 Liability Company were filed on 03/08/2011 and assigned  
Florida document number L11000028599

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

645 nw 72nd street

(Principal office address MUST BE A STREET ADDRESS)

Miami, Fl 33150

Enter new mailing address, if applicable:

1451 W. Cypress Creek rd suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Ft. Lauderdale, Fl 33309

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEJUAN BIGGERS	1451 W. CYPRESS CREEK RD SUITE 300	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Remove
MGR	JAMES LITTLEJOHN	645 NW 72ND STREET	<input type="checkbox"/> Add
		MIAMI, FL 33150	<input checked="" type="checkbox"/> Remove
MGR	ALI MOUMNINE	4807 FISKE CIRCLE	<input type="checkbox"/> Add
		ORLANDO, FL 32826	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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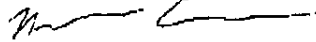
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 08, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**RICHARD CLARKE**

\_\_\_\_\_  
Typed or printed name of signee

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