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| Special Instructions to | Filing Officer: | |
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DIVISION OF CORPOPATIONS

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| | Registration S Division of Co | | | |
|-----------|----------------------------------|--|---|---|
| CHID IE | | Food Company, LLC | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | |
| The encl | osed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all corresp | ondence concerning this matter | to the following: | |
| | | Jessica Young | | |
| | | | Name of Person | |
| | | Langdale Vallotton, LLP | | |
| | | - • • • • • • • • • • • • • • • • • • • | Firm/Company | |
| | | 1007 N. Patterson Street | | |
| | | | Address | |
| | | Valdosta, GA 31601 | | |
| | | | City/State and Zip Code | |
| | | chris@manwellproduce.com | n to be used for future annual report notif | ication) |
| For furth | er information | concerning this matter, please ca | • | reaction, |
| Jessica Y | oung | | 229 244-5400 | |
| | Name | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed | is a check for | the following amount: | | |
| \$25.0 | 00 Filing 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:

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

| Manwell Food Company, LLC | | |
|---|---|------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our r imited Liability Company) | ecords,) |
| The Articles of Organization for this Limited Liability Cor Florida document number L11000097716 | mpany were filed on August 25, 2 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | (SS) | |
| | | 16 |
| | | SI PR |
| Enter new mailing address, if applicable: | | FILE EL |
| , | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u>ૄ૾</u> |
| B. If amending the registered agent and/or register | red office address on our red | f.; |
| registered agent and/or the new registered office addre | <u>ss here</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street a | ddress |
| | | , Florida |
| | City | Zip Code |
| Navy Designand Agentle Signature if showing Designand | A | |

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

| <u>Title</u> | Name | Address | Type of Action | | | |
|--------------|------------------------|-------------------------|---|--|--|--|
| MGR | Christopher M. Manwell | 1804 Plum Street | ■ Add | | | |
| | | Valdosta, GA 31601 | □ Remove | | | |
| | | | □ Change | | | |
| AMBR | Christopher M. Manwell | 1804 Płum Street | □ Add | | | |
| | | Valdosta, GA 31601 | ■ Remove | | | |
| | | | □ Change | | | |
| AMBR | William S. Hults, IV | 2601 Ashford Court | Add | | | |
| | | St. Augustine, FL 32092 | ■ Remove | | | |
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| Effective date, if other than th | e date of fili | ing: | d-t6611- | | (optiona | l) | (05.030 |
| f an effective date is listed, the date m Note: If the date inserted in this l | olock does no | mu cannot be pric t meet the appli | r to date of fill cable statutor | ng or more than s y filing require | ments, this dat | g.) Pursuant to e will not be | listed a |
| document's effective date on the | | | | , , , | , | | |
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| ne record specifies a delaye | ed effective | date, but n | ot an effec | tive time, a | : 12:01 a.m | . on the ea | ırlier o |
| The 90th day after the re | cord is filed | d. | | | | | |
| October 17 | | 2016 | | | | | |
| Dated | | _, | · | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00