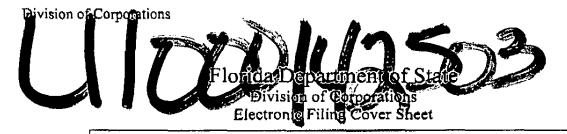
Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : 120070000148

Phone : (305)671-0003

Fax Number : (305)671-6263

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMAVI FOOD PRODUCTS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

OCT 28 2016

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAVI FOOD PRODUCTS, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L11000142503	and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	A S
	TAS TAS
Enter new mailing address, if applicable:	7 %% <u>7 %%</u>
Mailing address MAY BE A POST OFFICE BOX)	_
 -	- OS
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida streat 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

·É

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

Title	<u>Name</u>	Address	Type of Action
MGR	GIOVANNA J. LA CRUZ	9100 SOUTH DADELAND BLVC	= Add
		MIAMI, FL. 33156	□ Remove
			С Сһалдс
MGR	MASSIMILIANO DENTE	9100 SOUTH DADELAND BLVE	🗀 Add
		MIAMI, FL. 33156	Remove
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fective date, if other than or effective date is listed, the da ote: If the date inserted in the cument's effective date on	nis biock does ni	ot meet the app	ncable statutory	or more than 90 defiling requireme	_(optional) ays after filing.) Pu nts, this date wil	rsuant to 605.020 not be listed a
record specifies a del The 90th day after the	ayed effectiv record is file	e date, but :	not an effecti	ve time, at 12	2:01 a.m. on	the earlier o
OCTOBER 19	<u>-</u> -	2016	 •			
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