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DIVISION OF CONFORMATIONS

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COVER LETTER

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eup iez		AMAVI FOOD PRODUCTS, LLC							
SUBJEC	.I: <u></u>	Name of Limited Liability Company							
The enclo	osed Ai	nicles of .	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all	correspo	ndence concerning this matter	to the following:					
			DAIRIS ESTRADA						
			· · · · · · · · · · · · · · · · · · ·	Name of Person					
			PIEDRA & COMPANY C	PA, PA					
				Firm/Company					
			9100 S DADELAND BLV	'D. STE. 912					
				Address					
	MIAMI, FL 33156								
			City/State and Zip Code DAIRIS@VARGASPIEDRA.COM						
		E-mail address: (to be used for future annual report notification)							
For furth	er info	rmation co	oncerning this matter, please ca	all:					
DAIRIS	ESTR.	ADA		305 671-0003					
Name of Person			f Person	at ()	e Telephone Number				
Enclosed	l is a ch	eck for th	ne following amount:						
\$25.0	00 Filin	ng 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)				
			ING ADDRESS:	STREET/COURI					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMAVI FOOD PRODUCTS 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 $\frac{10/31/2007}{10/31/2007}$ and assigned Florida document number L11000142503 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 __

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 = A $AMBR = A$	lanager Authorized Member		
Title	Name	Address	Type of Action
MGR	GIOVANNA J. LA CANZ	8851 NW 110 Pages # 1408	🗆 Add
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		•	Change
<u> 14e</u>	FRANCESCA PINTSCCHI	9100 SONTH MADELAND BLUD	W Add
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Page 3 of 3

Filing Fee: \$25.00