L120000149486

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bo	usiness Entity Name)		
(D	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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FEB 2 6 2014

T. BROWN

COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation (Corporation)			
subject: Fresh Epic	cure LLC		
		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Mary Siragusa		
		Name of Person	
	Fresh Epicure LLC		
		Firm/Company	
	1637 SE 17th Street		
		Address	
	Fort Lauderdale, FL 3	33316	
	,	City/State and Zip Code	
	info@freshfirst.com		
	E-mail address: (to	o be used for future annual report notificat	ion)
For further information con	neerning this matter, please ca	d):	
Mary Siragusa		_{at (} 954 ₎ 763-3344	
Name of Person Area Code Da		Area Code Daytime Te	Icphone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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:

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



Fresh Epicure 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 L	Liability Company	were filed on 04/11/2012	and assigned
Florida document number L12000049486	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Fresh First LLC			
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	NO CHANGE	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		w	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the new
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:			<u></u>
		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

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

AMBR = . <u>Title</u>	<u>Name</u>	Address	Type of Action
	NO CHANGE		Add
			Remove
		<u> </u>	Add
			Remove
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
NO CHANGE	
. Effective date, if other than the date of filing:	3)(b)
ated (2011) 120, 20, 2014	
Signature of a member or authorized representative of a member	_
Typed or printed name of signees	_
Page 3 of 3	

Filing Fee: \$25.00