L12000055889

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12 MAY 21 PH 4: OC SECRETARY OF STATE

C. LEWIS

MAY 2 / 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co		and the second of	¹ - y y		
CHD IECE	GGMR F&R	OPERATIONS LLC			
SUBJECT:					
			•		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Francesco Bálli			
		Name of Person			
		Firm/Company			
2950 SW 27 Avenue, Suite 100					
		Address			
	<u></u>	Miami, Florida 33133			
	₽»(II)	City/State and Zip Code			
	E-mail address: (@consultecnicausa.com to be used for future annual report notion	lication)		
For further information	concerning this matter, please of	all:			
Fr	ancesco Balli	at (786)	866-9854		
Name	of Person	Area Code & Daytim	ne Telephone 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)		
	LING ADDRESS:	STREET/COUR			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
12 MAY 21 PM 4: 00

GGMB F	&B OPERATIONS L	LC SECTION	MIANT UF STATE
(<u>Name of the Limited Liabil</u> (A Florid	&B OPERATIONS L ity Company as it now appea a Limited Liability Company)	rs on our records.)	AMOULL, I LUMMA
The Articles of Organization for this Limited Liability			
Florida document numberL12000055889			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :	
BMG E	Branded Foods, LLC		
The new name must be distinguishable and end with the w 'L.L.C."	vords "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)	· · · · · · · · · · · · · · · · · · ·	
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
B. If amending the registered agent and/or reg		our records, enter	r the name of the new
			
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street a	ddress
		, 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 608, 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 Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if neces	sary.)
			FIL 12 MAY 21 SECRETAR TALLAHAS
Dated	May 17 ,	2012	Y 21 PH 4: 00 Y 21 PH 4: 00 HARY OF STATE HASSEE, FLORIDA
	Signature of a memb	or authorized representative of a member	
	Franceso	co Balli, Managing Member	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00