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Requestor's Name)	
Address)	
Address)	
City/State/Zip/Phone	· #)
☐ WAIT	MAIL
Business Entity Nam	ne)
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Certificates	of Status
o Filing Officer:	
	WAIT Business Entity Nam Document Number)

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: CRU RO	Name of Limi	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Ivana G	Becker	
	CRU Raw	Food Brasil, W	WC.
		Firm/Company	
	50 Tree To	op Circle	
		Address	
	Ormond Be	ach, Floriola, 32 City/State and Zip Code	1174
	ivous al 1	City/State and Zip Code 2- Qhotmail. Com	
-	F-mail address: (1	o be used for future annual report notif	ication)
For further information conc		•	ivalion,
Brian Good	rrson	at (<u>386</u>) <u>338 · /</u> Area Code Daytime	1086 Telephone Number
Enclosed is a check for the f	ollowing 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

CRU Raw 7			
(Name of the Limited (A	<mark>Liability Company</mark> Florida Limited Lia	as it now appears on our records ibility Company)	.)
The Articles of Organization for this Limited Liab Florida document number <u>L 12 0000 8 9 6</u> This amendment is submitted to amend the follow	<u>70</u> .	vere filed on July 9,2	2012 and assigned
A. If amending name, enter the new name of th	e limited liabili	ty company here:	
CRU Raw Food Brasil L.	~C.		
CRU Raw Food Brasil, W	ls "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	50 Tree Top Circ	ele
Principal office address MUST BE A STREET	4DDRESS)	Ormond Beach	FL 32174
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Same as above	
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:		5
Name of New Registered Agent:	Ivana	G. Becker Te Top Circle Enter Florida street address	H. SH
New Registered Office Address:	50 Tre	e Top Circle	<u>නුර</u> ක
- -	\sim	Enter Florida street address d Beach, Flo	
		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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MEIR	Ivana G. Becker	50 Tree Top Circle	EC Add
		Ormand Beach, FL 3217	4 □ Remove
			≅ Change
AMBR	Carla Martins	925 Intercoastal Dr #2	
		Fort hauderdale, FL	Remove
		33304	☐ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

). If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Please see the attached copy of the CRU Raw
Ŧ	ood Brasil, LLC. registration that was performed
<u>_</u>	me, Ivana G. Becker on July 9, 2012.
(Carla Martins was employed by me and named
0.5	$\mathbf{I} = \ell$
	torrior of the state of the sta
	2 managing member and employment at CRU Raw
Fo	ped Brasil, LhC was terminated in april 2015.
	Ivana Pralja
	and a
	10 d
(If an effective Note: If the	ate, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
0	ientember 01
Dated	Deptember 04, 2015.
	Signature of a member of authorized representative of a member
	Ivana G. Becker
_	Typed or printed name of signee

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Filing Fee: \$25.00