## L12000120845

Office Use Only



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03/10/14--01003--023 \*\*25.00

14 MAR 10 PH 1:00 Secretary of State

MAR 1 2 2014

T. BROWN

## **COVER LETTER**

TO:

Registration Section :
Division of Corporations

MM&A FOOD GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthu	ır Mo	ogav	ero

Name of Person

Kram LLC

Firm/Company

253 SW HARBOR VIEW DR

Address

PALM CITY, FL 34990

City/State and Zip Code

artie519@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Mogavero

<sub>at</sub> 347 393-10/3

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

of Status Certified Copy
(additional copy is enclosed)

□\$55.00 Filing Fee &

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

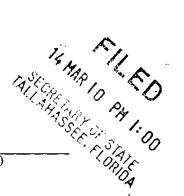
MAILING ADDRESS:

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

July 188

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## MM&A FOOD GROUP 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 Florida document number <u>L12000120845</u> .	were filed on <u>9/21/20</u>	one and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," th	ne designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	1628 SE Federa	al Highway
(Principal office address MUST BE A STREET ADDRESS)	Stuart, FL 34994	4
Enter new mailing address, if applicable:	1628 SE Federa	
(Mailing address MAY BE A POST OFFICE BOX)	Stuart, FL 3499	4
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		ecords, enter the name of the nev
New Registered Office Address:		
	Enter Florida street address	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>I</u>	

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address <u>1</u>	ype of Action
MGRM	Jeff Brewster	1628 SE Federal Highway	Add
		Stuart, FL 34994	Remove
MGRM	KRAM LLC	253 SW HARBOR VIEW DR.	Add
		PALM CITY, FL 34990	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			Remove
			Add Remove
			Add Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Dated	3 6 2014 11.
	Mun
	signature of a member or puthorized representative of a member
	Typed orprished name of signee
	Page 3 of 3

Filing Fee: \$25.00