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## **COVER LETTER**

Division of Co		•			
774 143 431 CHH	rcki's Farm Fresh Produce, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Brian P. Deeb, Esq., Presi	dent			
		Name of Person			
	D & B Corporate Services	, Inc., Registered Agent			
Firm/Company					
	6677 13th Ave N., Ste. 3A				
		Address			
	St. Petersburg, FL 33710				
	bpdeeb@deeblawgroup.com	City/State and Zip Code		W. 38	2023 HAR 13
		to be used for future annual report notifical	ion)		ÄR
For further information of	concerning this matter, please c	all:			$\overline{\omega}$
Andy Glick, Paralegal to	Brian P. Deeb. Esq.	727 384-5999			Pii 1: 20
Name (	of Person	Area Code Daytime Te	lephone Number		: 20
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filis Certificate Certified C (additional co	of State	
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on		

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brian Puzveki's Farm Fresh Produce, 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  $\frac{12/18/2012}{12}$ and assigned Florida document number 112000157634 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Puzycki's Produce & Specialty Foods, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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>	Address	Type of Action
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	nature of a member or a				

Filing Fee: \$25.00