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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Fresh Fit Foods, 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:

# Mr. Richard Crawford

Name of Person

Firm/Company

999 Vanderbilt Beach Rd., Ste. 102

Address

Naples, FL. 34108

City/State and Zip Code

Rbolin@crawfordgrp.com

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

For further information concerning this matter, please call:

Kent M. Amo

<sub>,</sub>239、450-4719

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

□\$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 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fresh Fit Foods, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000106473</u> .	were filed on July 29, 2013	and assigno	ed
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	<del></del>	13 AL	SECR TALLA
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC"	or the abbro	ENARY WASSE
Enter new principal offices address, if applicable:		_ ⊋_	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u>က</u> က်	101 12S
		9	AG AG
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ame of th	ie new
Name of New Registered Agent:		<del></del>	<del></del>
New Registered Office Address:			
	Enter Florida street address		
	, Florida		<u></u>
	City Zi	n 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Chad O'Connor 999 Vanderbilt Beach Rd., Ste. 102 MGRM Naples, FL 34108 Remove Remove Remove Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<del></del>	
-	August 21 2013		
Dated	Signature of a member or authorized representative of a member  Blake S. Crawford	13 AUG 26	SÉCRÉTA TALLAHAS
	Typed or printed name of signee	6	SSRE
	Page 3 of 3	PH	F 90
	Filing Fee: \$25.00	2. 2.	STATE

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