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SECRETARY OF STATE

SEP 1 8 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brunswick Food Service Educators 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:
Kennett Kuscher Name of Person
Brunswick Food Service Educators LLC Firm/Company
7002 Bruns wick Circle
BOYNTON BENZH H. 33472 City/State and Zip Code Kenny Kuscher @ Comcast - NET E-mail address: (to be used for future annual report notification)
Kenny Kuscher & Comcast - NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth Kuscher at (561) 703-7196 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Brunswick FOOD	Service	EDUC 2t	10rs Cl	<u></u>
Srunswick Food (Name of the Lim	ited Liability Company (A Florida Limited Lia	<mark>y as it now appears</mark> ability Company)	on our records.	
The Articles of Organization for this Limited I	Liability Company w	vere filed on	8 12 1	3 and assigned
This amendment is submitted to amend the fol	llowing:			TASE SECTION
A. If amending name, enter the new name	of the limited liabili	ty company her	<u>re</u> :	AHASSE A
The new name must be distinguishable and end with the	e words "Limited Liabili	ty Company," the d	esignation "LLC" o	or the abbreviation L.L.C."
Enter new principal offices address, if appli	icable:			OR.
(Principal office address MUST BE A STRE	ET ADDRESS)			OA F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered offi office address here:	ce address on	our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	Kenne			
New Registered Office Address:	7002 B	Enter Florid	K Circli da street address	2 la <u>3</u> 3472 Zip Code
	BOYNTON	Bench	7L Florid	a 33472
		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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Filing Fee: \$25.00