## L1400002465

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
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(Bı	isiness Entity Nam	ne)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA DIVISION OF CORPORATION

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## COVER LETTER

TO: Registration Se Division of Cor			•			
	DING & DISTRIBUTION, L	rc ·				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	STEVEN C KLEIN			_		
		Name of Person		_		
	THE KLEIN GROUP					
		Firm/Company		<del></del>		
	11776 W SAMPLE RD S	UITE 105				
		Address		_		
	CORAL SPRINGS, FL 33	3065				
		City/State and Zip Code		<del></del>		
	gita@thekleingroupcpa.con  E-mail address: (	n to be used for future annual report notifica	tion)			
For further information co	oncerning this matter, please ca		·			
STEVEN C KLEIN		954 345-3696 at ( )				
Name o	f Person		elephone Numbe	:r		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &	
Registr	ING ADDRESS: ation Section	STREET/COURIEF Registration Section Division of Corporati		SECRETAR TALLAHASS	15 JUN -8	DIVISION OF

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 DIVISION OF CORPORATIONS

15 JUN -8 AM 4:01

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOBE TRADING & DISTRIBUTION, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company were filed on 02-05-2014  Florida document number L14000020465		and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limit	ited liability company here:	
SOBE FOODS, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)	5 J. SEC.
-		CRETA F
		SSER CO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	4	SIN TO SERVICE STATE OF THE SE
		₽₩ <u>0 8₩</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		, enter the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	\$
	, Flo	orida Zip Code
	S.,,	<del>-</del>

## 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>	Address	Type of Action
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effective date is listed	er than the date of the date of the date must be specified in this block does	cific and cannot be prior t	o date of filing or more tha	(optional) in 90 days after filing.) F	ursuant to 60	)5.0207 (
ument's effective d	ate on the Departme	ent of State's records.	ble statutory filing requ	irements, this date w	HI <b>not be ils</b>	ied as t
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