2/14000053137

(Requ	estor's Name)	
(Addre	ess)	
(Addre	955)	
(, , , , , , , , , , , , , , , , , , ,		
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Rusir	ness Entity Nar	me)
(2231)	icos Entity (vai	ne,
(Docu	iment Number)	
Certified Copies	Certificates	s of Status
		-
Special Instructions to Fil	ling Officer:	

Office Use Only



800263387828

800263387828 08/25/14--01046--009 **25.00

ALURE INRY OF STATE

2014 AUG 25 PH 3: 45

K.SALY EXAMINER AUG 29 2014

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Brend	da's Foods LL	С	
SUBJECT:		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:	
	Stephanie P	adly	
		Name of Person	
	Padly & Ass	ociates, P.A.	
		Firm/Company	
	1300 3rd St.	South, Suite 30	2A
		Address	
	Naples, FL	34102	
	<u> </u>	City/State and Zip Code	- ,,.
	info@239lawyer.c	to be used for future annual report notifi	
For further information c	oncerning this matter, please c		
Stephanie I	Padly	a ₁ (239) 963-60	043
Name o	f Person	''' \	Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

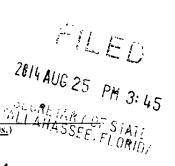
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Brenda's Foods, 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>L14000053137</u> .	y were filed on April 1, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Limited Lia	bility Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11121 Health Park Blvd., Suite 300
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11121 Health Park Blvd., Suite 300 Naples, FL 34110
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, <u>enter the name of the nev</u> re:
New Registered Office Address:	Enter Florida street address
	, Florida 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

Authorized Member being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2014 AUG 25 PM 3: 45 **Type of Action** <u>Title</u> **Name Address** ALLAHASSEE, FLORIDA □ Add __□ Remove _□ Add _□ Remove ☐ Remove □ Add ☐ Remove □ Add ☐ Remove _____ □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

·	
_	
Effective date, if other tha	on the date of filing: (ontional
he effective date must be specifi	an the date of filing:
The effective date must be specifi the date this document is filed by	ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State)
The effective date must be specifi the date this document is filed by	ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after y the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00