114000074462

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| · | | | | |
| | | | | |
| | | | | |

Office Use Only



100260724611

06/02/14--01011--013 **25.00

2014 JUN -2 PH 2: 47

N Gulliger Jilli - 921111



240 South Pineapple Avenue 10th Floor Sarasota, Flórida 34236

P.O. Box 49948 Sarasota, Florida 34230-6948 · 🥹

941.366.6660 941.366.3999 fax

www.slk-law.com

RICHARD Q. LEWIS, III 941.364.2764 rlewis@slk-law.com

May 29, 2014

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

Re:

FoodNet Exchange, LLC

File No. D21420-165003

To Whom It May Concern:

Enclosed please find original Articles of Amendment to the Articles of Organization for the referenced Limited Liability Company, together with a check in the amount of \$25.00 to cover the filing fees.

Please return confirmation of filing to the undersigned in the enclosed envelope.

Very truly yours,

RQL:jmm **Enclosures**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 JUN -2 PM 2: 47 SECURE LARY OF STATE TALLAHASSEE, FLORIDA

| F(| OODNET EXCHANGE | E, LLC | |
|---|--|---------------------------------------|---------------------------|
| (Name of the Limi | ted Liability Company as it nov (A Florida Limited Liability Co | v appears on our records.) inpany) | |
| The Articles of Organization for this Limited L. Clorida document numberL14000074462 | iability Company were filed | _{d on} May 7, 2014 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liability comp | oany here: | |
| he new name must be distinguishable and end with the | words "Limited Liability Compa | any," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | ·= · · · · · · · |
| Principal office address MUST BE A STREE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | BOX) | | |
| B. If amending the registered agent and registered agent and/or the new registered of | _ | · - | ter the name of the |
| Name of New Registered Agent: | Richard Q. Lewis, III | | |
| New Registered Office Address: | 240 South Pineapple Avenue, 10th Floor | | |
| | _ | Enter Florida street address | |
| | Sarasota | , Florida | 34236 |
| | 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member <u>Title</u> Type of Action Name **Address** 8672 Dolce Lane David Delaro MGR _ Add Sarasota, Florida 3<u>4</u>238 _{■ Remove} ____□ Remove □ Add □ Remove

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:

| D. If amending any other information, enter change | s) here: (Attach additional sheets, if necessary.) |
|---|--|
| | |
| | |
| | |
| | |
| | |
| E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of State | |
| Dated May 22 20 | |
| Riche | |
| ~ | or authorized representative of a member |
| | Authorized Representative |
| Typed : | or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

2014 JUN -2 PH 2: 47