## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000220313 3)))



H140002203133ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323) 962-8600

Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

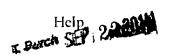
Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOOD CONCEPTS NETWORK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu



TO:

Registration Section

## **COVER LETTER**

Division of Co	rporations		
Food Co	ncepts Network, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	100 W. Broadway Sui	V_1	
	01	Address	
	Glendale, CA 91210	C'- (D	<del></del>
	osmarfuentes@gmail.c	City/State and Zip Code	•
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Imelda Vasquez		323 962-8600 (	ext 7950
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIS	
Divisio	on of Corporations ox 6327	Division of Corpore Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Food Concepts Network, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L14000123000</u>	were filed on 08/06/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or th	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		Zs →
Enter new mailing address, if applicable:		CS S
(Mailing address MAY BE A POST OFFICE BOX)		>======================================
Manual time to Marie Distriction of Tage Box/		<b>9</b> 9 9
B. If amending the registered agent and/or registered off	fice address on our records, ente	
registered agent and/or the new registered office address here		AIF.
		O.F. cin
Name of New Registered Agent:		
New Registered Office Address:		
NEW REGISTERS Office Attaless.	Enter Florida street address	
	. Florida	
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and ir, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

To:	Page	5	Λf	۵

9/19/2014 6:18:34 AM PDT

13239628300 From: Amanda Sando

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:	

Title	Name	Address	Type of Action
MGR	MARIEVA H ESPADA	2045 SCRUB JAY RD.	D Add
		APOPKA, FL 32703	<b>≝</b> Remove
MGR	Marleva Hiraldo Espada	2045 SCRUB JAY RD.	<b>E</b> Add
		APOPKA, FL 32703	A Remove
			ECRETARY OF STATE LLAHASSEE FLORIDA
			Add
			☐ Remove
			☐ Remove
			<del>- 1.::</del>
			Add
			Remove

To:	Page 6 of	6	9/19/2014 6:18:34 AM PDT	13239628300 From: Amar	nda Sando
•	D. If ame	nding any other information, en	ter change(s) here: (Attach additional sh	eets, if necessary.)	
	-				
	-				
				10	
	(The eff	ive date, if other than the date of ective date must be specific, cannot be price this document is filed by the Florida Depo	r to date of receipt or filed date and cannot be more	(optional) than 90 days after	
	Dated	September 8	<u>, 2014</u>		
		Wed Signature	e of a member or authorized representative of a ma	mber	
			Marieva Hiraldo Espada		
			1 There as brance mine or signer		

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FIORIA