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.

(((H15000198220 3)))



H150001982203AB0

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 : EPGD ATTORNEYS AT LAW, P.A.

Account Number : I20140000049 Phone : (786)837-6787

Fax Number : (305) 718-0687

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

Email Address: CYIC @cpgtlaw.cm

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLARIDGE FOODS, LLC

FECEIVED 5 AUG 17 PH 1: 05 TECHETARY OF STATE ALLAHASSEE, FLORIGA

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2015 AUG 17 A 8: 1
SECRETARY OF STATE
SECRETARY OF

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 8 2015

3 MASON



ERIC P. GROS-DUBOIS, ESQ. DIRECT DIAL: (786) 837-6787 DIRECT FAX: (305) 718-0687 E-MAIL: ERIC@EPGDLAW.COM

August 17, 2015

VIA ELECTRONIC FILING

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

RE: Claridge Foods, LLC-Articles of Amendment

To Whom It May Concern:

Enclosed please find the completed Articles of Amendment for Claridge Foods, LLC. Should you have any questions or concerns regarding anything in this letter, please do not hesitate to contact me at the address or phone number below.

Best Regards,

Eric P. Gros-Dubois, Esq.

For the Firm

Enclosures

TO: . Registration Section

COVER LETTER

Division of Co	rporations		
Claridge i	Foods, LLC		
30BJEC1:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Eric P. Gros-Dubois, Esq.		
	-	Name of Person	
	EPGD Attorneys at Law, I	P.A.	
		Firm/Company	
	2701 Pance de Leon Blvd.	., Ste. 202	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	eric@epgdlaw.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Eric P. Gros-Dubois, E	sq.	786 837-6787 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
b.c.a.T.		CTDFFT/CAUDIE	LB TUVBECC

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Claridge Foods, LLC	
(Name of the Limited Liability Comp. (A Florido Limited)	ngny as it now appears on our records.) I Lubility Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 09/18/2014 and assigned
Florida document number L14000146307	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Claridge Food Distribution, LLC	
The new name must be distinguishable and contain the words "Limited Lin	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter now mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the ner
Name of New Registered Agent: New Registered Office Address:	ere:
registered agent and/or the new registered office address he Name of New Registered Agent:	Enter Florida street address
registered agent and/or the new registered office address he Name of New Registered Agent:	Enter Florida street address Florida
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address Florida City Zip Code St: gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office.	Enter Florida street address Florida City Zip Code St: gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is ce address, I hereby confirm that the limited liability
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office.	Enter Florida street address Florida City Zip Code St: gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	Enter Florida street address City Zip Code Still Gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and so provided for in Chapter 605, F.S. Or, if this document is ce address, I hereby confirm that the limited liability hanging Registered Agent, Shanature of New Registered Agent
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	Enter Florida street address

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR= A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			C Add
			☐ Remove
			☐ Change
			□·Add
			□ Remove
			□ Change
			☐ Remove
			☐ Add
			☐ Remove
			Change
			Remove
			Change
			Add T
			AR Add Add AR Remove
			OF STATE ORIDA
	Pag	ge 2 of 3	E AG

	ing any other information, enter change(s) here: (Attach additional sheets, if		
		_	
			
-			····
		_ 	
_		· · · · · · · · · · · · · · · · · · ·	
			
		· · · · · · · · · · · · · · · · · · ·	
<u>ote:</u> If ocumen	date, if other than the date of filing: (over date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements it's effective date on the Department of State's records. I'd specifies a delayed effective date, but not an effective time, at 12:0	s, this date w	ill not be listed a
The 9	Oth day after the record is filed.	O1 4 O1	
ated	8 112 2015		
aicu	Mi		
	9 X X ()		
	Signature of a member or authorized representative of a member	`të	
	Signature of a member or authorized representative of a member Eric P. Gros-Dubois, Attorney of Record	*EC SEC	2015
		SECKET	2015 AUG
	Eric P. Gros-Dubois, Attorney of Record	SECRETARY OF	2018 AUG 17 A