L14000149272

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MAR 1 2 2015 J. HARRIS

COVER LETTER

	istration Se sion of Cor				
SUBJECT:	PHD Foo	ods LLC			
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:		
		Jim Taubenfeld			
			Name of Person		
		PHD Foods LLC			
			Firm/Company		
		PO Box 2399			
			Address		
		Toa Baja, PR 00951			
			City/State and Zip Co	ode	····
		jtaubenfeld@adminc	omp.com to be used for future and	und ranget notif	(instina)
For further in	formation co	oncerning this matter, please co		idai report notri	icanony
Jim Taube	enfeld		787 at ()	626-9052	e Telephone Number
	Name o	f Person	Area Code	Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	, .	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Regis Divis Clifto 2661	EET/COURI tration Section ion of Corpora on Building Executive Centassec, FL 32.	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHD Foods LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L1400149272	Company were filed on 9/24/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)	2015 SE
		FEB 26 CRETARY LAHASSE
Enter new mailing address, if applicable:		mc -
(Mailing address MAY BE A POST OFFICE BOX)		TO IN
		S 1.: 2
		₩ 2
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tiner Prorida su eet adaress	
	, Florid	a Zip Code
	City	zip Coae

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 the Managers or Authorized Member on our récords, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sender Shub	PO Box 2399	■ Add
		Toa Baja, PR 00951	□ Remove
			□ Remove
			Add
			☐ Remove
			Add 2015 F
			2015 FEB 26 AM 1: 22 Add 2015 FEB 26 AM 1: 22 TALLAHASSEE. FLURIO
			CHAdd 22 22 Remove
			□ Add
			☐ Remove

Effective date if other than the date of filing	<u>!</u> :	(optional)
The effective date must be specific, cannot be prior to dathe date this document is filed by the Florida Department	te of receipt or filed date and cann at of State)	ot be more than 90 days after
the date this document is filed by the Florida Departmen	te of receipt or filed date and cann at of State) 2015	ot be more than 90 days after
the date this document is filed by the Florida Departmen	nt of State)	ot be more than 90 days after
Dated February 6	at of State) 2015	
Dated February 6	nt of State)	

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Filing Fee: \$25.00

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