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| PICK-UP | ☐ WAIT | MAIL |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Division of C | Section Corporations | | | | |
|--------------------------------|---|--|-------------------|-------------------------------|-------|
| CUBICAT | Multi F | Food Group, LLC | * ** | | |
| SUBJECT: | Name of Lim | ited Liability Company | | _ | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corre | spondence concerning this matter | to the following: | | | |
| | | Brenda Briggs | | | |
| | _ | | | | |
| | | | | | |
| | ***** | Firm/Company | · - | | |
| | 8101 Richardson Road, Suite 101 | | | | て「「「「 |
| | Address | | | REC . | |
| | | Commerce Twp, MI 48390 | | SEP SEP | |
| | Multi Food Group, LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Brenda Briggs Name of Person Multi Food Group, LLC Firm/Company 8101 Richardson Road, Suite 101 Address Commerce Twp, M1 48390 City/State and Zip Code bbriggs@askarmanagementgroup.com E-mail address: (to be used for future annual report notification) Brenda Briggs 14 Area Code Daytime Telephone Number and is a check for the following amount: | ŗ | | | |
| | _ | | | | |
| | E-mail address: (| to be used for future annual report no | otification) | | |
| For further informatio | n concerning this matter, please c | all: | | <u> </u> | |
| Bro | enda Briggs | | 63-4580 x216 | | |
| Nam | e of Person | | ime Telephone Num | ber | |
| Enclosed is a check for | or the following amount: | | | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certif Certif | icate of Status & ied Copy | |

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

| | Food Group, LLC | |
|---|--|-----------------------------------|
| (Name of the Limited Liability C (A Florida Lim | ompany as it now appears on our rec ited Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L14000150964</u> . | oany were filed on September | 26, 2014 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: | Liability Company," the designation " | LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET ADDRES | 73 | |
| 1 meipus vijise unuress 12001 DD 1101112D1 11DD112D | | |
| Enter new mailing address, if applicable: | 8101 Richardson Road, Su | ite 101 |
| (Mailing address MAY BE A POST OFFICE BOX) | Commerce Twp, MI 48390 |) |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | ords, enterthe frame of the n |
| Name of New Registered Agent: | | 0; SI |
| Name of New Registered Agent. | | 7) |
| New Registered Office Address: | Enter Florida street aa | > œ |
| | | . Florida |
| | City | Zin 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

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---------------------------------|--------------------------------------|
| AR | Brenda Briggs | 8101 Richardson Road, Suite 101 | |
| | | Commerce Twp, MI 48390 | Remove |
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| ctive dat | e, if other than the date of ate is listed, the date must be spec | filing: | t ha prior to | data of filing | | (optional) |) Dureus | m 10 605 l |
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