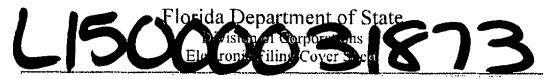
11/8/2016

Division of Corporations



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.

(((H160002763183)))



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 K2K FOODS LLC

Certificate of Status	0
Certified Copy	1
Page Count .	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/1

COVER LETTER

TO:	Registrati Division o	lon Sectio of Corpor	n ations	•	
CUDIE	K2K	FOODS	LLC		
SUBJEC	- £ ;		Name of Lim	ited Liability Company	
The encl	osed Articl	les of Am	endment and fee(s) are sub	mitted for filing.	
Please re	eturn all cor	rresponde	nce concerning this matter	to the following:	
			CHEYENNE MOSEI	ÆΥ	
		-		Name of Person	4.9 (MIN)
			LEGALZOOM.COM, I	NC.	
		•		Firm/Company	
			101 N BRAND BLVD.,	11TH FLOOR	
		-		Address	
			GLENDALE, CA 9120	3	
		-		City/State and Zip Code	
		k	risztianzs@gmail.com		
				to be used for future annual report notifi-	cation)
For furth	er informat	tion conce	erning this matter, please co	all:	
CHEYI	ENNE MC	DSELEY	,	800 773-0888 ex	•
	N	ame of Per	son	at ()	Telephone Number
Enclosed	l is a check	for the fo	llowing amount:		
□ \$25.8	00 Filing Fo	ee E	3 \$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)

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

K2K FOODS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/19/2015	and assigned
Florida document number L15000031873		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
K2K SOFT, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		und
(Principal office address MUST BE A STREET ADDRESS)		
	W	
•		<u>0</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		co 144
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>s</u>	enter the name of the ne
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Cocle

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

<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			□ Add
		<u> </u>	☐ Remove
			Add
			□ Remove
1BFR 4			
HIPPE -			□ Rad :: □ Remove :: □ Remov
			7 AH 8
16		**************************************	## 600 8: 314 □
			□ Remove

11/04/2016 10:53

Krisztian Zsolczai 954-803-3446

P 4

	· · · · · · · · · · · · · · · · · · ·		
	Jasa :0 - 11 11 11 3-4-	_b mu	<i>t.</i> → B
e ctive effective date thi	date, if other than the date of date must be specific, cannot be particularly adocument is filed by the Florida L	prior to date of receipt or filed date and ca	(optional) muot be more than 90 days after
late thi	date, if other than the date to date must be specific, cannot be p a document is filed by the Florida L NOVEMBER 4	of filing: prior to date of receipt or filed date and ca Department of State) 2016	(optional) mot be more than 90 days after
date thi	s document is filed by the Florida L	Department of State)	(optional) mot be more than 90 days after
Tective officitive date thi	NOVEMBER 4	Department of State)	ative of a member

Page 3 of 3

Filing Fee: \$25.00