1300041849

(Re	questor's Name)	
(Add	dress)	, · , , , , , , , , , , , , , , , , , ,
(Add	dress)	·····
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		





800273651988

06/05/15--01013--016 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

MN OS SULP

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		oods, llc			
SUBJECT.	**************************************	Name of Limi	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Sidney B. Yanowitz			
			Name of Person	**************************************	
			Firm/Company		
		P.O. Box 682			
			Address		
		Hallandale, Fl. 33008-0682	2		
			City/State and Zip Code		
		sby12@aol.com		TAL 2	
		E-mail address: (to be used for future annual report notific	D	
For further i	nformation c	oncerning this matter, please ca	all:	JUN - RETAR HASS	FILE
Sidney B. Y			954 931-9924 at ()	EE, 05 FD	
	Name o	f Person	Area Code Daytime	Telephone Number STATE	D
Enclosed is	a check for the	ne following amount:			
\$25.00 I	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 of Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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**

DIYAN FOODS, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000041849}{L15000041849}$	were filed on March 06, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1051 W. 29th STREET
(Principal office address MUST BE A STREET ADDRESS)	SUITE 2
	HIALEAH, FL. 33012
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	-5 SEE
	Enter Florida street address
	City Sm Sip 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>	<u>Address</u>	Type of Action
MGR	SIDNEY B. YANOWITZ	1051 W. 29th STREET	
		SUITE 2	Remove
		HIALEAH, FL. 33012	■ Change
			Add
			□ Remove
			Change
			□ Add
		 	☐ Remove
			☐ Change
			2015 JUN -5 SECRETARY
			F STAR Change
	 		□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

•	
	<u> </u>
····	
20 TALL	
15 JE CRE CRE	77
SAR	=
."9	m
, ,	0
DA OS	·
_•	
(optional)	
	JUN -5 P 4: 05 ETARY DF STATE HASSEE, FLORIDA

Page 3 of 3

Filing Fee: \$25.00