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COVER LETTER . .

	gistration Secti vision of Corpo			
CHILIFOT.	REDLAND N	MEAT, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		CANDY BROWNLOW		
			Name of Person	
		JOHN P. MAAS, ESQ.		
			Firm/Company	
		44 NE 16 STREET		
			Address	
		HOMESTEAD, FL 33030		
			City/State and Zip Code	
		N/A		
		E-mail address: (to be used for future annual report not	fication)
For further in	nformation con	cerning this matter, please ca	all;	
CANDY BE	ROWNLOW		305 247-7132 at ()	
	Name of P	erson	Area Code Daytim	ne Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 H	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 & 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**

		AND MEAT, LLC	
(Name of the Lim	ited Liability Co (A Florida Lim	mpany as it now appears on our reco ited Liability Company)	ords.)
The Articles of Organization for this Limited I	_iability Comp	any were filed on March 31, 201	5 and assigned
Florida document number L15000057163			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	5)	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			rds, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
New Registered Office Address.		Enter Florida street add	dress
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Ag	ent:	
I hereby accept the appointment as register			
provisions of all statutes relative to the pro			
accept the obligations of my position as reg being filed to merely reflect a change in the			

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

2016

company has been notified in writing of this change.

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>	Name	Address	Type of Action
AMBR	MOHAMMAD RAHMAN	15413 SW 288 Street, Apt. 109	
		Homestead, FL 33033	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add Refinove

Cazi Alam, AMBR, 50%, 5 NE	15 Street, Homestead, FL 33030	
Kamal Patwary, AMBR, 50% 28	3102 SW 164 Place, Homestead, FL 33033	·
	10 Marie 10	
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<u> </u>		
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ve date, if other than the dat	te of filing:	(optional)
ve date, if other than the datective date is listed, the date must be If the date inserted in this block	te of filing: specific and cannot be prior to date of filing or more does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 60
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