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COVER LETTER

CUD IFC	Prime Food	Brokers, LLC					
SUBJECT	·	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	endence concerning this matter	to the following:				
		Jenny Fackender					
	Prime Food Brokers, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Jenny Fackender						
		Prime Food Brokers, LLC					
			Firm/Company				
		955 Thornburg Rd.	Name of Person e Food Brokers, LLC Firm/Company Thornburg Rd. Address on Park, FL 33827 City/State and Zip Code fackender@hotmail.com E-mail address: (to be used for future annual report notification)				
			Address				
		Babson Park, FL 33827					
			City/State and Zip Code				
		· · ·					
		E-mail address: (to be used for future annual report notifi	cation)			
For further	r information c	oncerning this matter, please ca	all:				
Jenny Fac	kender		at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed i	is a check for tl	ne following amount:					
□ \$25.00) Filing Fee						

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

Prime Food Brokers, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
the Articles of Organization for this Limited I lorida document number L15000063401	Liability Company	were filed on 4/10/15	and assigned		
his amendment is submitted to amend the fol	llowing:				
. If amending name, enter the new name	of the limited liab	ility company here:			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
nter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)	955 Thornburg Rd.			
		Babson Park, FL 33827			
nter new mailing address, if applicable: **Aailing address MAY BE A POST OFFICE BOX**)		P.O. Box 229			
		Babson Park, FL 33827			
. If amending the registered agent and egistered agent and/or the new registered of	l/or registered of office address here	ffice address on our records, <u>e</u> e:	JUN CRETA		
Name of New Registered Agent:	Jenny Fackende	er	SS -8		
New Registered Office Address:	955 Thornburg	Rd.	Se R M		
		Enter Florida street address	Ia System Code		
	Babson Park	, Floric	la 33827 Co		
		City	Zip 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	Daniel Haines	4214 Вагтет Аve.	Add
		Plant City, FL 33566	☐ Remove
			☐ Change
MGR	Jenny Fackender	955 Thornburg Rd.	≅ Add
		Babson Park, FL 33827	□ Remove
			☐ Change
MGR	Scott B. Below	810 Brumley Rd.	□ Add
		Chuluota, FL 32766	☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
		<u> </u>	Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

. N	o president listed just mgi	for all three			***************************************		
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	re date, if other than the ctive date is listed, the date m			of filing or more t	optio		to 605 0207
Note: I	f the date inserted in this l	lock does not meet	t the applicable s	tatutory filing re	quirements, this	date will not b	e listed as
	nt's effective date on the l	-				ECR	ਸ ਸ
ne reco	ord specifies a delaye	d effective date	e. but not an	effective time	e. at 12:01 a	m.conthe	arlier of
The 9	90th day after the re	cord is filed.	o, but 1.01 u.i.		,	127	Ě
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Dated _	June 3		·			STAI ORI	Annual Mil
	(Lowest	Lack	1.0/08		DE CO	
		Signature of a men	pher or authorized	representative of a	mamhar		
		Joighadare of a prich	inci of audiorized	representative of a	Hemoer		

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Filing Fee: \$25.00