L150000 99991

<u> </u>	equestor's Name)	
(re	equestors Name)	
(A	ddress)	
ζ.,		
		-
(A	ddress)	
·	·	
(C	ity/State/Zip/Phone	#)
□ BICK-LIB	☐ WAIT	MAIL
L Holder	L ***	LI WINE
	unimana Fukikaki	
(B	usiness Entity Nam	ie)
(D	ocument Number)	
(2		
Certified Copies	Certificates	of Status
,	_	
Special Instructions to	Filing Officer	
opecial instructions to	i imig Onicei.	
1		
		Ī

Office Use Only



100275609511

08/03/15--01035--023 ** 00





AL Culligram AUG - 4 2015.

COVER LETTER

7

Division of Corp	orations		
SUBJECT: AW	esome food	Group	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	_	
	Patrick	Name of Person FORD GOVP Firm/Company	
		Name of Person	
	Amesone	food Group	
		Firm/Company	
	59 Fairvier	~ Blud	
		Address	
	ft Myers Beac	City/State and Zip Code vesome Kod group at the be used for future annual report notifications.	3)
	~ \ \ \ \ ~	City/State and Zip Code	
	PATRICK @ au	resome food group. Co	>M
			ation)
	ncerning this matter, please ca	ill:	
Patrick		at (239) 691 -	-1915
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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

TO **ARTICLES OF ORGANIZATION** \mathbf{OF}

FILED

· · · · · · · · · · · · · · · · · · ·	2015 AUG -3 PH 2: 46
(Name of the Limited Liability Compa (A Florida Limited)	GYOUP LL CORE ARE OF STATE ON AS It now appears on our records. (181) 45
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{6/8/3615}{}$ 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	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1421 Railhead Blod Naples, FL 34110
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 here	
Name of New Registered Agent:	****
New Registered Office Address:	Enter Florida street address
	, Florida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Potrick Hicks	S9 Farriew Blod FLMners Beach, FL 33437	Add
		Fl. Myers Beach, FL 33437	☐ Remove
			Change
MGR N	Nocl Willhite	10282 (andina St. Bonita Springs, PL 34135	Add
		Bonita Springs , FL 34135	□ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			Change
	Market Control of the		□ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change

· ——	
	, , , , , , , , , , , , , , , , , , ,
	
	3 5 5 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	2
If an effective Note: If the document	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: other than the record is filed.
Dated	7/30 2015
	Signature of a member or authorized representative of a member
	organize of a memory of audiorized representative of a memory
	Noel Willhite
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00