Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : I20070000148

Phone

: (305)671-0003

Fax Number

: (305)671-6263

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleasen

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEE FREE KITCHEN LLC

> Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$25.00

> > MAR 01 2016

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BRUCE

## To:18506176383

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Bee Free Kitchen LLC		
(Name of the Limited Liability C. (A Florida Lin	ompany as it now appears on our record lited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number <u>L15000100442</u>	pany were filed on 06/09/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Labrie LLC	<u>.</u>	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	52	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records	Sign No Pro-
registered agent and/or the new registered office address	here:	THE DESCRIPTION OF THE RESERVE OF TH
	<del></del>	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	,
	, Flo	orida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Chánge
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			☐ Change
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
ote: If the date inserted in this block does not meet the applicable statutor occument's effective date on the Department of State's records.	y filing requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier o
ated February 29 2016	

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Typed or printed name of signee

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