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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	istration Sedision of Corp					
CIDING	MAYFAIR	FOODS LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		John K. Carter				
			Name of Person	. <u> </u>		
		Law Office of John K. Car	ter, P.A.			
			Firm/Company	 		
		9455 Koger Blvd, Suite 10	9455 Koger Blvd, Suite 102			
		 	Address	<u> </u>		
		St. Petersburg, Florida 337	702			
			City/State and Zip Code	Daytime Telephone Number. \$60.00 Filing Feet Certificate of Status & Certificate of Status & OURIER ADDRESS: Section		
		john@johnkcarterlaw.com	to be used for future annual report notific	ntion)		
				ation)		
For further in	nformation co	oncerning this matter, please ca	all:			
John Carter			727 456-8970			
Enclosed is a	Name of	Person ne following amount:	at () Area Code Daytime T	2016 AP		
	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)		
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corporat			

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

MAYFAIR FOODS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) September 9, 2015 The Articles of Organization for this Limited Liability Company were filed on and assigned L15000153862 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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>	<u>Address</u>	Type of Action
MGR	Juan Carlos Marroquin	13022 106th Ave N	Add
		Largo, Florida 33774	
			☐ Remove
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Par 2	
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing: (optional) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be	listed as th
document's effective date on the Department of State's records.	ញា
t _{erre} 6 %	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early.	rlier of:
b) The 90th day after the record is filed.	
April 1 2016	
Dated	
0.010	
your Cat	<u>.</u>
Signature of a member or authorized representative of a member	
John K. Carter	
Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00