Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC. Account Name

Account Number : I20130000067 : (954)990-0606 Phone Fax Number : (888) 400-5537

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

Emmil Address	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREZA FOODS LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PREZA FOODS LLC

The Articles of Organization for this Limited Liability Company were filed on 09/24/2015 and assigned Florida document number L15000162786.

This amendment is submitted to amend the following:

The new name must be distinguishable and designation "LLC" or the abbreviation "L.C."		the words "Limited Liability Company," the		
Enter new principal offices address, if appli	cable:	180 CRANDON BLVD., STE. 109		
		KEY BISCAYNE, FL 33149		
Enter new mailing address, if applicable:	180 CR	ANDON BLVD., STE. 109,		
	KEY BIS	SCAYNE, FL 33149	15 ≥	T'i Yellers
If amending the registered agent and/or rethe new registered agent and/or the new	-	d office address on our records, enter the nared office address here:	DE 30 AM	
Name of New Registered Agent:		్లు. రజ	ထ္	27 PCm.
New Registered Office Address: 180	CRANDO	ON BLVD., STE. 109, KEY BISCAYNE, FL 33149	5	

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

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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

DELETE:

ANTONELLO PREVITI, MGR

4750 NW 7 STREET, SUITE 4

MIAMI, FL 33126

E.	Effective date, if other than the date of filing:	(optional))
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(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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: November 25, 2015.

Signature of a member or authorized representative of a member

EDUARDO M. ZAPATA

Typed or printed name of signee

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