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SECRETARY OF STRUMENT AND ALL AND ASSECT PROPERTY.

COVER LETTER

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			SARASOT	A ITALIAN FOOD PRODUC	TION LLC.				
SU	Name of Limited Liability Company								
Th	e enclo	sed.	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Ple	ase reti	מתנט	ill correspo	ondence concerning this matter	to the following:				
				EDUARDO UELTSCHI					
					Name of Person	ngangga ng sa f Y 👝			
				UELTSCHI & CO.					
					Firm/Company	100 pm			
				P.O. BOX 1345					
				* Marie a	Address		<u></u>		∓ ∽
				SARASOTA, FL 34230				30 91	上活
			,	RA@UELTSCHI.CO	City/State and Zip Code			16 OCT -3 PM 4: 44	NSST.
				E-mail address: (to be used for future annual	report notification	on)	呈	
For	r furthe	er inf	ormation c	oncerning this matter, please ca	all:			<u>ئ</u>	95
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			Name o	f Person	Area Code	Daytime Tele	ephone Number		
En	closed	is a	check for th	he following amount:					
	\$25.0	0 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is end		□ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is c	atus &	

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 OF

SARASOTA ITALIAN FOOD PRODUCTION LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contai	ity Company," the designation "El	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	••	Name (And) the species and species are species as the species are species are species as the species are
(Principal office address MUST BE A STREET ADDRESS)	* * 3 #********************************	
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 here		16 OCT -3 PM 1: The first the name of the field
registered agent and/or the new registered office address here	3 4	ু প্র
Name of New Registered Agent:	>>	
New Registered Office Address:	Enter Florida street addr	ess
. Aggraph factor		lorida
	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>	<u>Address</u>	Type of Action
MGRM	VALERIO CERASI	1936 HILLVIEW STREET	■ Add
		SARASOTA, FL 34239	□ Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be price.)	(optional)	605 0207 (3)th
Note: If the date inserted in this block does not meet the appli	icable statutory filing requirements, this date will not be	listed as the
document's effective date on the Department of State's record	s.	
If the record specifies a delayed effective date, but n	ot an effective time, at 12:01 a.m. on the ex	phier of:
(b) The 90th day after the record is filed.	,	
Dated $09/27/16$		
Dated 09/2//16		
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	<u> </u>	_
Signature of a member or auti	horized representative of a member	
EZEQUEIL VALDES	V	
	ited name of signee	_

Page 3 of 3

Filing Fee: \$25.00