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COVERLETTER

Division of Co	rporations				
SAFE WA	Y UNIFIED COLD STRORAC	E LLC			
SOBSECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MIRANDA PFAFF				
		Name of Person			
	FARM FRESH PACKERS	SLLC			
		Firm/Company			
	1901 GREEN RD UNIT A				
		Address			
	DEERFIELD BEACH, FL	. 33064			
		City/State and Zip Code			
	ROBERT@FARM-FRESH		er-aj		
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report no all:	ottification)	2018 FE3	ele en
ROBERT KRABS		954 783-3787 at ()	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	B H	Street, a
Name Enclosed is a check for	of Person	Area Code Dayt	me Telephone Number	A 10: 53	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fili Certificate Certified	e of Stat Copy	

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lightlity Compa	nv as it now annears on our records)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000200343	were filed on 12/01/2015 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:
SAFEWAY UNIFIED COLD STORAGE LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	75 NW 13TH AVE
Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33069
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	160 WEST CAMINO READ SUITE 182 BOCA RATON, FL 33442
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	•
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , 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

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

<u>Title</u>	<u>Name</u>	Address		Type of Action
				□ Add
				□ Remove
				Change
				□ Add
				🗆 Remove
				Change
				□ Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior e: If the date inserted in this block does not meet the applic	able statutory filing requirements, this date will not be l
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but no he 90th day after the record is filed.	it an effective time, at 12:01 a.m. on the ea
ed FEBRUARY 1ST , 2016	
moan	2
	brized representative of a member

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Filing Fee: \$25.00