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COVER LETTER

Division of Co	rporations			
CHDIECT.	FRESH FO	ODS QUALITY, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		VICTOR PEREZ		
		Name of Person		
	FRES	SH FOODS QUALITY, LLC		
		Firm/Company		'
		3363 NE 163RD STREET		
		Address		
	NOR	TH MIAMI BEACH, FL 33160		
		City/State and Zip Code		
		CORPICCONE13@GMAIL.COM		. 4
	E-mail address: (to be used for future annual report notification) :	~ ~
For further information of	concerning this matter, please c	all:	نه ا	- 121 - - 121 -
VICTOR	PEREZ	305 4096590 at ()	- ' 	
Name o	of Person	Area Code Daytime Telep	hone Number	STATIONS
Enclosed is a check for t	he following amount:			T C
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ļ

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH FOODS QUALITY	r, LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Order of the company of the co	
The Articles of Organization for this Limited Liability Company we Florida document numberL16000048944	ere filed on and assigned and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y 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:	3363 NE 163RD STREET	
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI BEACH, FL 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16565 NE 26 AVE C3 NORTH MIAMI BEACH, FL 33160	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	lress on our records, <u>enter the name of the new regist</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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 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
			Change
		.	
			□Remove
			□Change
			□Add
			□Change

			□Remove
			□Change
			□ Add
			□Remove
			□ Chanue

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
docume	nt's effective date on the Department of State's records,
ne record ord is file	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 d.
Dated _	JUNE 11 , 2020 .
	Signature of a member or authorized representative of a member
	VICTOR PEREZ Typed or printed name of signee