

L160000066843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

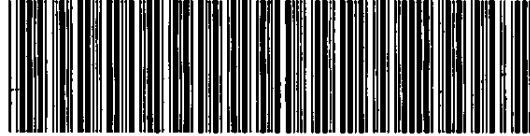
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 23 P 3:38

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MAY 25 2016

SWORN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRESH INGREDIENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

QUAN C. DAO
Name of Person

BAY AREA ACCOUNTING ETC
Firm/Company

19029 US 19 N BLDG 4-7
Address

CLEARWATER FL 33764
City/State and Zip Code

quanacc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

QUAN DAO at (727) 235-8196
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FRESH INGREDIENTS 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 04/04/2016 and assigned Florida document number L16000066343.

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)

19029 US 19 N. BLDG 4-7

CLEARWATER FL 33764

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:

TRAM KIEU T. NGUYEN

New Registered Office Address:

12337 TREE ST.

Enter Florida street address

LARGO

City

Florida

33773

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

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TALLAHASSEE
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HO, VAN H	5539 109 TER.	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAU, KIEU-NGA T	5539 109 TER.	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGUYEN, DOI V	5539 109 TER	<input type="checkbox"/> Add
		PINELLAS PARK, FL 33782	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

[illegible]

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.

Dated May 20, 2016.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tram-Kieu Nguyen
Typed or printed name of signer

Typed or printed name of signer

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MAY 23 4 38 PM '68
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TALLAHASSEE FLORIDA