

P. 001

8/30/2016

Division of Corporations

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000216161 3)))



H1 60002161 51 3ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

**Email Address:**

2016 AUG 30 PM 5: 05

THE  
JOURNAL  
OF  
THE  
ROYAL  
ANTHROPOLOGICAL  
INSTITUTE  
OF GREAT  
BRITAIN  
AND IRELAND  
PART 1  
1901

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TASTY FOOD US LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED  
16 AUG 30 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5

## Electronic Filing Menu

Corporate Filing Menu

Help

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

TASTY FOOD US 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 04/12/2016 and assigned Florida document number L16000071408.

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) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida  
City

FILED  
 AUG 30 AM 9:33  
 SECRETARY OF STATE  
 TALLAHASSEE, 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 603, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	REYNALDO BARROETA	3625 NW 82 AVE	<input checked="" type="checkbox"/> Add
		STE 215	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
AUG 30 AM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
AUG 30 AM 9:37  
16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(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 AUGUST 30 12, 2016

Signature of a member or authorized representative of a member

LEOPOLDO RON-PEDRIQUE

Typed or printed name of signee