



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FOODEVO 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:

MONIQUE TRONCONE

Name of Person

MONIQUE TRONCONE CPA PA

Firm/Company

55 NE 5TH AVENUE STE 501

Address

BOCA RATON, FL 33432

City/State and Zip Code

MONIQUE@TRONCONE-CPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE TRONCONE at 561 4170308  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$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**

FOODEVO 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 04/19/2016 and assigned Florida document number L16000077198.

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*

*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>       | <u>Address</u>                                | <u>Type of Action</u>   |
|--------------|-------------------|---|---|
| MGR          | MONIQUE TRONCONE  | 55 NE 5TH AVENUE STE 501 BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | GIOVANNI MONTELLA | VIA PIERO GHERARDI 50 ROME, IT 00125 IT       | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | LUIGI BALZANO     | VIA DOMENICO PURIFICATO 250 ROME, IT 00125 IT | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                   |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
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 NOV 1 1998  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

