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(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	FUD FUD,	LLC			
SUDJ	ECI:	<u> </u>			
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return all correspo	ondence concerning this matter	to the following:		
		LUISA LANDRIANI			
		·	Name of Person		
		MLL CONSULTING			
	Firm/Company				
		2000 BAY DRIVE, SUITE	E 202		
	Address				
		MIAMI BEACH, FL 3314	1		
			City/State and Zip Code		
		LUISAOMLLCONSULTIN			
			to be used for future annual report notificat	tion)	
For fu	rther information o	oncerning this matter, please ca	all:		
LUIS	A LANDRIANI		954 2427045 at ()		
	Name o	of Person		elephone Number ARA	
Enclo	sed is a check for the	he following amount:		第分 6	ГП
■ \$2	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 endeded)	Ö

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

FOD FOD LLC		
(<u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000080388	Company were filed on 4/25/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the r
		7ALL
Name of New Registered Agent:		
New Registered Office Address:		ASSET TO
	Enter Florida street address , Floric	THE TO G
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	Div. w

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
MGR	OCEANCREAM ENTERPRISE IN	2000 BAY DRIVE, SUITE 202	
		MIAMI BEACH, FL 33141	■ Remove
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Filing Fee: \$25.00