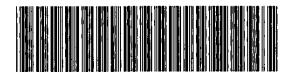
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(Re	equestor's Name)	-
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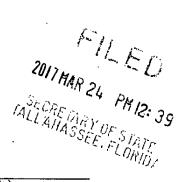
TO: Registration Se Division of Con				
	ood Futures, LLC			
SUBJECT:		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Omar Sharif			
		Name of Person		
	Tumer & Sharif			
		Firm/Company		
	170 E. 17th Street, Suite 11	0		
		Address		
	Costa Mesa, CA 92627			
		City/State and Zip Code		
	law@tumersharif.com			
		o be used for future annual report notification)		
For further information of	concerning this matter, please co			
Omar Sharif		949 287-6901 at()		
Name of Enclosed is a check for t	of Person	at (at () Area Code Daytime Telephone Please Fax Filed Fax: 844-272-0	lumber a wend ment if 950	poscible
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & \$2 \$60 Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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



Pegasus Food Futures LLC

(Name of the Lim	ted Liability Compa (A Florida Limited	my as It now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000129654					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		130 South Indian River Drive, Suite 202			
		Fort Pierce, Fl 34950			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(BOX)	130 South Indian Ri Fort Pierce, Fl 3495	ver Drive, Suite 202		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered of Mice address her	ffice address on ou g:	r records, enter the name of the ne		
New Registered Office Address:	130 South India	an River Drive, Suite 2)2		
THE TREBISTION OF THE PARTY.		Enter Florida s	treet address		
	Fort Pierce, Fl	34950	, Florida 34950		
		City	. Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere	ed agent and agra	ee to act in this cape	icity. I further agree to comply with th		

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

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

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

Title	Name	Address	Type of Action
AMBR	Bradford J Beilly	1144 SE 3rd Ave.	□ Add
		Fort Lauderdale, CA 33316	■ Remove
-			☐ Change
AMBR	Dina Suliman	130 South Indian River Drive, Suite 202	
	Fort Pierce, FI 34950	Remove	
			Change
MGR Mahmood Almas	130 South Indian River Drive, Suite 202		
	Fort Pierce, Fl 34950	Remove	
			☑ Change
			Add 20
	•		Ochange PH
-			Remove 9
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			🗆 Add
			□ Remove
			Change

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	4.
Note:	tive date, if other than the date of filing: March 20, 2017 (optional) ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	h Chu (sh)
	Signature of a member or authorized representative of a member
	Dina Suliman

Page 3 of 3 Filing Fee: \$25.00