

L16000142711

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROAL COMMERCE AND PROPERTY REPAIR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2017 MAR 15 PM 1:58
TALLAHASSEE, FLORIDA

FILED
2017 MAR 15 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 16 2017

2017-03-15 17:48:09 (GMT)

18887728108 From: Mike Natarus

H17000071590 3
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

ROAL COMMERCE AND PROPERTY REPAIR LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 07/29/2016 and assigned
 Florida document number L16000142711

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MR. FRIED FOODS LLC

The new name must be distinguishable and end with 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

City, 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 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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here. (Attach additional sheets if necessary)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific; cannot be prior to date of receipt or filing date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MARCH 13TH** **2017**

Signature of a member or authorized representative of a member

ALINE D BONTEMPI

Typed or printed name of signer

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FILED
CLERK OF CIRCUIT COURT
JULIA M. SELLER
TALLAHASSEE, FLORIDA

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