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.

(((H17000071590 3)))



H170000715903ABC/

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 : TAXLEAF.COM INC Account Number : 120140000084 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.

m::	Address:			
rmall 1	AUGIESS:			

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

The state of the s	and the second s
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 MAR 15 AK 8: 25

SEUGLE TABY OF STATE
TALL A HASSEF, FLORIDA

017 HAR 15 PM 1:58

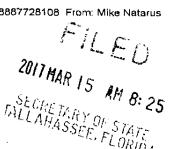
K. SALY

MAR 1 6 2017

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

18887728108 From: Mike Natarus

H17000071590 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



ROAL COMMERCE AND PROPERTY REPAIR 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 Com	ipany 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	l liability company here:	
MR. FRIED FOODS LLC	Sec	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Tu-
(Principal office address MUST BE A STREET ADDRES	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new
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

Page 1 of 3

MGR = Manager

. 5

H17000071590 3
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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Add
			□ Remove
			PAdd Semove 8: 25
			Remove
			□ Remove
			D Add
			□ Remove
			□ Add
			□ Remove

	H17000071590 3
D. It assending spy-other information, enter the	mige(s) here. (Affects paddlored, abstern affections)
E. Effective dute if other than the date of filing:	(optional) Of Receipt as filed date rightestrum be more than SU they after
the state that discussing the filed by the filtering Department of During MARCH 13TH	
ALINE D. BONTEMPI	inher or aud sicizad repussenuui ve of a mainher

Page 3 of 3

MULTIN 15 KH 8:25