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(Req	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	

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COVER LETTER

	gistration Sec vision of Corp			
CHD IFOT.		od Solutions, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Peter D. Spradling		
			Name of Person	
		Organic Food Solutions.	LLC	
			Firm/Company	
		78 SW 7th St, Suite 500		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33130		
			City/State and Zip Code	
		pds@organicfsolutions.co		
Dan Gusthan (information as		to be used for future annual report notifi	cation)
FOI TUITUICE	imormation co	ncerning this matter, please ca	an,	
Peter D. S	pradling		305 335-1593	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.001	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**

Organic Food Solutions, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L16000150523		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		A UC
		3 05 m
Enter new mailing address, if applicable:		ORPO PH
Mailing address MAY BE A POST OFFICE BOX)		23 12: 23
B. If amending the registered agent and/or registered of		enter the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ia
	City	Zip Code

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	Richard D. Spradling	78 SW 7th St, Suite 500	
		Miami, FL 33130	■ Remove
			☐ Change
MGR	Peter D. Spradling	78 SW 7th St, Suite 500	= Add
		Miami, FL 33130	□ Remove
			Add
			Remove
		Change	
			Remove
			Change
	-	☐ Remove	
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	and considers a delayed effective date, but not an effective time, at 13,01 a.m. on the car	lier (of:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.		
) The			
) The	90th day after the record is filed.		

Page 3 of 3

Filing Fee: \$25.00