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(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Доси	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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JUL 2.8 2019

COVER LETTER

TO	: Registration Se Division of Cor			
6111	Future Foo	ods, LLC		
SUI	вуест:	Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ase return all correspo	ndence concerning this matter	to the following:	
		Gil Sternbach		
			Name of Person	
		Leverage Corporate Stra	ategy	
			Firm/Company	
		4935 Kensington Circle		
			Address	
		Coral Springs, FL 33076		
			City/State and Zip Code	
		Gil.Sternbach@Leverage	· • • • • • • • • • • • • • • • • • • •	
		E-mail address: ()	to be used for future annual report notific	cation)
For	further information c	oncerning this matter, please ca	all:	
Gil	Sternbach		954 263-6336 at ()	
	Name o	f Person	at () Daytime '	Telephone Number
Enc	losed is a check for th	ne following amount:		
	\$25.00 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

(Name of the Limited I	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi Florida document number L16000174461		016 and assigned
his amendment is submitted to amend the followi	ing:	
If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	ls "Limited Liability Company," the designation	_
Enter new principal offices address, if applicable	le:	7.5.E
(Principal office address MUST BE A STREET A	4DDRESS)	置りて
Enter new mailing address, if applicable:		21 PH 3
		8 5 5
	<u></u>	
Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our rec	
Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our rec	
Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec	cords, enter the name of the
Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our rec e address here:	cords, enter the name of the

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>	Name	<u>Address</u>	Type of Action
MGR	Alex M. Kramarchuk	221 San Remo Drive, Jupiter, FL 33458	■ Add
			Remove
			Change
			Add
			Remove
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ffective date, if other than to an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	must be specific and cannot be pre- block does not meet the app	licable statutory filing		ng.) Pursuant to 605.02
e record specifies a delay The 90th day after the r		not an effective t	ime, at 12:01 a.n	n. on the earlier
July 20 Dated	2018		n	
	· · · · · · · · · · · · · · · · · · ·	 ·		
				
	Signature of a member of au	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00