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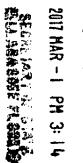
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M. MILLIGAN NAR - 6 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Good Food African American Restourant Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sisse Sy Ferguson Name of Person
Firm/Company
1005 W Busch Blvd, Smite 204
Tampa FL 33612 City/State and Zip Code
SISSE E FINANCIALANDTAX. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sisse Ferguson at (SI3) 924 16 29 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

MA MA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Food Alami	i'CQU Av ted Liability Compa (A Florida Limited)	Me Yi Can Kanayas it now appears on our Clability Company)	estau records.)	TOUR !	
The Articles of Organization for this Limited L	iability Company	were filed on 10	26/201	and assigned.	
Florida document number <u>L16000196</u>	612.				É.
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company here:			
Good FARD AFRICAN	And A	nerican R	estan	rault Ll	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applic	cable:	1222	7 N. 7	lorida :	Ave
(Principal office address MUST BE A STREE	ET ADDRESS)	Tampa F	-L 336	12	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	12227 N Tompa	Flor PL 3	ida AY. 3612	- <u>e</u> -
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>enter</u>	the name of the	new
Name of New Registered Agent:	Sisse	Fergus	on		_
New Registered Office Address:	12227	N. F 10 C	address	Verne	
	Tamp	8	, Florida	33612	_
	N	City		Zin 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

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 1 Type of Action 13212 Cherry Bak Gir 10 Add AHMED NTIF AMBR RIVERVIEW, P2 33579 KREMOVE ☐ Change AMBR SEYNAROU SALL 13212 Cherry Bark Cir DAdd Kiverview, FL 33579 Remove ☐ Change MGR Sisse Ferguson 1005 W Busch Blvd spadd Sule 204 Jan pa, FL 33612 Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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Filing Fee: \$25.00