

Division of Corporations

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**L17000020079**

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 : TORRES & VADILLO, LLP  
Account Number : 120150800038  
Phone : (305) 485-9700  
Fax Number : (305) 436-0191

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

Email Address: corporations@sunbiz.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BLABA FOOD ENTERPRISES LLC**

|                       |         |
|-----------------------|---------|
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OCT 27 2017  
J. HARRIS

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BLABA FOOD ENTERPRISES 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 Company were filed on 01/25/2017 and assigned Florida document number L17000020079.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)**

1500 Weston RdSuite 200Weston, Florida, 33326

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1500 Weston RdSuite 200Weston, Florida, 33326

**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 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>               | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------------------|-----------------------|--------------------------------------------|
| DIR          | GAMA FOOD ENTERPRISES LLC | 1500 Weston Rd        | <input type="checkbox"/> Add               |
|              |                           | Suite 200             | <input type="checkbox"/> Remove            |
|              |                           | Weston, Florida 33326 | <input checked="" type="checkbox"/> Change |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
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|              |                           |                       | <input type="checkbox"/> Change            |
|              |                           |                       | <input type="checkbox"/> Add               |
|              |                           |                       | <input type="checkbox"/> Remove            |
|              |                           |                       | <input type="checkbox"/> Change            |

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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 filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 23, 2017 

Signature of a member or authorized representative of a member

Roman Garcia

Typed or printed name of signer

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