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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Food Addic+2 GVIII LLC 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:
Vanizia Wilson by A. Leon
Food Addictz Gvill Firm/Company
1044 Edgewood Ave S
City/State and Zip Code
Foodadicts 3205 @ amul. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VONIZIA WILLON Name of Person at (U4U) 299-307 6 E55 Area Code Daytime Telephone Number AFF
Area Code Daytime Telephone Number SST Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate Opy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate \Bigcup Fee,

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 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 2/24/17 and assigned Florida document number <u>L1700044054</u> .
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida
City Zip Ode .
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 refer 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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jorge A Lean	4781 70cobaga Ln Jax FL 32205	Add Add
		Jax FL 32205	Remove
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(If an effect <u>Note:</u> If	ive date is listed, the dat the date inserted in the t's effective date on t	te must be specific and his block does not m	cannot be prior to di neet the applicable	ate of filing or more the statutory filing req	an 90 days after filin	g.) Purs	uant to 60 not be list	5.020 ted a
If the reco (b) The 9	rd specifies a del Oth day after the	ayed effective de record is filed.	ate, but not a	n effective time	at 12:01 a.m	on t	he earli	ier c
	April	3rd	2017					
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Page 3 of 3

Filing Fee: \$25.00