Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

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

Email Address: INFO & TAXSPRO. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IDEAL FOOD SERVICES LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Sec Division of Corp			
	DD SERVICES LLC		
SUBJECT:	Name of Limited	d Liability Company	
The content Assistance	Amendment and fee(s) are submi	itted for filing.	
	ndence concerning this matter to		
	MICHAEL A VERDES		
		Name of Person	
	IDEAL FOOD SERVICE L	LC	
		Firm/Company	
	9692 LOBLOLLY PINE CI	RCLE	
		Address	
	ORLANDO FL 32827		
		City/State and Zip Code	
	INFO@TAXSPRO.COM E-mail address: (6	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca		
MICHAEL A VERDE		407 340-4495	
·	of Person	Area Code Daytin	ne Telephone Number
Continent is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio	<u>ress:</u> n Section	Street Address: Registration S	ection
Division o	f Corporations	Division of Co	orporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

图 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020. -0 7111:37

_		
IDEAL FOOD SERVICES LLC	iability Company as it now appears on or	ır records.)
	jability Company as it now appears on or lorida Limited Liability Company)	
he Articles of Organization for this Limited Liab	lity Company were filed on MARCH	1 2017 and assigned
he Articles of Organization for this Elimico Eliab	my company were a	
lorida document number L17000047580	· · · · · · · · · · · · · · · · · · ·	
his amendment is submitted to amend the follow	ng:	
A. If amending name, enter the new name of t	e limited liability company here:	
		"LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the wor	s "Limited Liability Company," the designa	Mon LLC of the apprehiment the
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREET	ADDRESS)	
a rincipla office and		
Enter new mailing address, if applicable:		
	0Y)	
(Mailing address MAY BE A POST OFFICE E		
B. If amending the registered agent and/or re	vistered office address on our recor	ds, enter the name of the new reg
B. It amending the registered agent and/or the new registered office addres	here:	
BECH DICE		
Name of New Registered Agent:		
 -		
New Registered Office Address:	Enter Florida	street address
		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 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>Fitle</u>	Name	Address	Type of Action
MGRM	EDWIN B PEREZ	2634 NW 72 AVE , MIAMI, FL 33122	□Add
			■Remove
			□Add
			□ Remove
			☐('hange
			□Remove
			Change
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Effective dat	e, if other than the	date of filing:			(optional)	
Note: If the d	ate is listed, the date must late inserted in this blo Yective date on the De	ock does not meet th	re applicable statute	ing or more than 90 da ory filing requireme	ys after filing.) Pursuant t nts, this date will not be	o 605.0207 e listed as
e record specif rd is filed.	fies a delayed effective	e date, but not an eff	fective time, at 12:6	II a.m. on the earlie	r of: (b) The 90th day	after the
Dated	Sent	3. 7	WW.			
	Sept Mil	0//		<i>}</i>		
	r/i/i	Y LANGE 1	4 icom	entative of a member		

Typed or printed name of signee