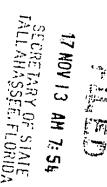


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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: World	Wile Froze. Name of Limite	r Foods Ll ed Liability Company	<u>-c</u>	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return all corresponde	ence concerning this matter to	the following:		
	Danie	Name of Person		
	World Wide	Firm/Company	ands ClC	
	800 W (Address		
	Ft. Lawardale dpollake www E-mail address: (to	FL 3	?3309	
	E-mail address: (to	Frozen Fecces, co	m.	
For further information cond	erning this matter, please call			
Name of Pe	RILLE	at (<u>954</u>)	286 - acco	one Number
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		\$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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Wide Frozen tows 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 $\frac{13}{2017}$ and assigned Florida document number $\frac{L17000057635}{}$.
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 ne 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 Cody,
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 <u>Name</u> **Address Type of Action** Sitello 800 W Cypress Creek Ru. Rigoberto Ugarte MBR Fr. Lawlardle FL 33309 _□ Change _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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Filing Fee: \$25.00