## 117000082697

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PICK-UF	P WAIT	MAIL
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## **COVER LETTER**

	ration Section n of Corporations				
SUBJECT:	DEAD	FRESH Name of Limite	LLC d Liability Company		
The enclosed Art	ticles of Amendment and	l fee(s) are submi	itted for filing.		
Please return all	correspondence concern	ing this matter to	the following:		
		95hea	Mye15 Name of Person		
		DEA	D FRESH Firm/Company	LLC	
	439	NE ,	Address	Deerfield	Beach
		FC	33 4 41 City/State and Zip Code		
		utz 1632 i-mail address: (to	Be used for future annual report	notification)	
For further inform	mation concerning this n	natter, please call:	:		
Tashea	MU-115 Name of Person		at ( <u>954</u> ) <u>42</u> Area Code Da	5 - 4095 ytime Telephone Number	
Enclosed is a che	eck for the following am	ount:			
\$25.00 Filing	g Fee S30.00 Fil Certifica	ing Fee & te of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

DEAD FRESH (Name of the Limited Liability Composition (A Florida Limited)	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LI700082397</u> .	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbredationL.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		1510 F 20 F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED PH 5: 07 JUL 20 PH 5: 07
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	r.mer r tortda st <b>r</b> e	
<u>.                                  </u>	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

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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Signature of a mer	mber or authorize	ed representative of	f a member	_	<del></del>	
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