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(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer.	٦
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J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 7376787 REFERENCE AUTHORIZATION COST LIMIT \$ 60.00 ORDER DATE : July 24, 2017 ORDER TIME : 11:52 AM ORDER NO. : 737678-005 CUSTOMER NO: 5019863 DOMESTIC AMENDMENT FILING NAME: BEST FOOD INGREDIENTS LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

COVER LETTER

TO:	Registration Section of Co.				
eub ir		OD INGREDIENTS LLC			
SUBJE		Name of Lin	nited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		DAVID BROSER			
			Name of Person		
		C/O RDA VENTURES, L	.l.C		
Firm(Company					
	104 WEST 40TH STREET, 19TH FLOOR Address				
		NEW Y ORK , NY 1001	8		
		E-mail address: (to be used for future annual report notification)			
For furi	her information c	oncerning this matter, please c	·	,	
ROBEF	RT KANE		212 682-1000 EXT. at () Daytime T	. 292	
	Name o	f Person	Area Code Daytime T	elephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$ 25	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 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
Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST FOOD INGREDIENTS LLC

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Zip Code
Zip Code

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>	Name	Address	Type of Action
MGR	DAVID BROSER	104 WEST 40TH STREET	= Add
		19TH FLOOR, NEW YORK, NY	
			☐ Change
MGR	ROBERT KANE	127 RYDER ROAD	
		MANHASSET, NY 11030	■ Remove
			☐ Remove
			☐ Change
			□ Add
		-	□ Remove
			Charge J
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D. 198ff	nending any other information, enter change(s) here: Attach additional sheets, if necessary,
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Effectiv	e date, if other than the date of filing:
TO THE CITES	and talk to instead the date most be a made and a second of the state
Note: It	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's rewords.
doc times	it's effective date on the Department of State's revords.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
i ine 9	Oth day after the record is filed.
	- 1
Dated	7/20 2017
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	DAVID BROSER
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	Page 3 of 3

Filing Fee: \$25.00