

LI7000132097

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06/30/17--01007--030 **25.00

FILED
17 JUN 30 PM 6:32
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

S. WARREN

JUL 03 2017

Goldstein & Greenberg

ATTORNEYS AT LAW
A Partnership of Professional Associations

Larry D. Goldstein, P.A.

Larry D. Goldstein *
Jason A. Goldstein

*Board Certified Civil Trial Lawyer
*Board Certified Worker's
Compensation Lawyer

Douglas J. Greenberg, P.A.

Douglas J. Greenberg
Former State Prosecutor

June 27, 2017

**REGISTRATION SECTION
DIVISION OF CORPORATIONS**

P.O. Box 6327
Tallahassee, FL 32314

RE: AMERIC FOOD GOUP #5, LLC
Nicholas Wille

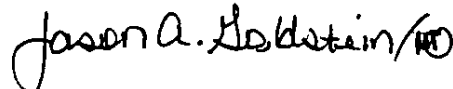
To whom it may concern,

Please file the enclosed Articles of Amendment to Articles of Organization. Should the enclosed meet with your approval, please forward to NICHOLAS WILLE after filing in the enclosed self-addressed stamped envelope for your convenience.

Enclosed is my check #11366 in the amount of \$25.00 for the filing fee.

Thank you for your attention to this matter. Should have any questions please do not hesitate to contact me.

Very truly yours,


Jason A. Goldstein

JAG/mkj
Enclosures

[Faint, illegible text, likely bleed-through from the reverse side of the page]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Americ Food Goup #5, 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:

Nick Wille

Name of Person

Firm/Company

8750 64th St N

Address

Pinellas Park, FL 33782

City/State and Zip Code

Nick@belleplainenursery.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nick Wille

319 3602701
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Americ Food Goup #5, 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 June 16, 2017 and assigned
Florida document number L17000132097.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Americ Food Group #5, LLC

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 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. ~~OF~~ 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

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JUN 30 PM 4:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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FILED
JUL 30 2014
6:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
17 JUN 30 PM 6:32
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA