

JUN/08/2018/FRI 01:21 PM

6/8/2018

Division of Corporations

P. 001

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H18000173288 3)))



H180001732883ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

RECEIVED

2018 JUN -8 PM12:43

FLORIDA  
DIVISION OF  
CORPORATIONS  
COMMERCIAL  
SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
F & B BEST FOODS OPERATIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 JUN -8 AM 6:40  
FLORIDA  
DIVISION OF  
CORPORATIONS  
COMMERCIAL  
SERVICES

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F &amp; B BEST FOODS OPERATIONS 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 06/30/2017 and assigned  
Florida document number L17000142074.

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)

12225 SW 128 STREET

SUITE: 112

MIAMI, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12225 SW 128 STREET

SUITE: 112

MIAMI, FL 33186

**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:

CHANGE OF ADDRESS

New Registered Office Address:

12225 SW 128 STREET SUITE: 112

Enter Florida street address

MIAMI

City

Florida 33186

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

JUN/06/2016/FRI 01:25 PM

FAX No.

P. 003

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>
MGR	CHANGE OF ADDRESS	12225 SW 128 STREET	<input type="checkbox"/> Add
		SUITE: 112	<input type="checkbox"/> Remove
		MIAMI, FL 33186	<input checked="" type="checkbox"/> <del>Change</del>
MGR	CHANGE OF ADDRESS	12225 SW 128 STREET	<input type="checkbox"/> Add
		SUITE: 112	<input type="checkbox"/> Remove
		MIAMI, FL 33186	<input checked="" type="checkbox"/> <del>Change</del>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

3.004

2010 JUN -8 AM 6:40  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2011 JUN -8 AM 6:40  
U.S. DISTRICT COURT  
FALLAHASSEE, FLORIDA

Page 3 of 3