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COVER LETTER

Division of Corp	porations		
SUBJECT: GR	ANOVATION	J FOODS LLC	
· ·	Name of Lin	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Robe	ERTO BELLO)
	_		
	_ GRAN	OVATION LL Firm/Company	
		· •	
	1675	51 ST COURT	
	. /	Address	
	VERO (BEACH, FL	32966
	RBELL	Address BEACH FL City/State and Zip Code -0 2211 @ A-0 L	COM
	E-mail address: (a	e be used for future annual report notificat	ion)
For further information con-	cerning this matter, please ca	II:	
ROBERT Name of P	BELLO BELLO	at (<u>5/0)</u> <u>205</u> Area Code Daytime Te	-4741
		Area Code Daytime Te	lephone Number
Enclosed is a check for the f	_		
\$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)

TO:

Registration Section

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

CTRANOVATI	ON FOODS		_		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea i Limited Liability Company)	rs on our recor	<u>ds.</u>)		
The Articles of Organization for this Limited Liability C	ompany were filed on	TULY 10	2017	and as	signed
The Articles of Organization for this Limited Liability C Florida document number <u>L170001473</u>	592	/-	·	una as	signeti
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company he	ere:			
The new name must be distinguishable and contain the words "Limit	ELC				
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the d	esignation "LLC	or the abbrevia	ition "L	.1C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	 ESS)			_	_
			· <u> </u>	_	
					-
Enter new mailing address, if applicable:			کر کار		
(Mailing address MAY BE A POST OFFICE BOX)			1	0	-
				<u> </u>	
			- <u>Cri</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office addr.	ered office address on	our records	, enter the i	ome.	i of the new
registered agent and/or the new registered office address	ess here:		6	<u>~</u>	**************************************
				+:	(
Name of New Registered Agent:			<u> </u>	9	
New Registered Office Address:					
	Enter Flori	da street address			
		ra.	ant all a		
	City	гю	rida	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:

$MGR = M$ $AMBR = A_1$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			D Add
			☐ Remove
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			Add.
		FLORIUX	Remove
			1 Change Change
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SS.	_ <u>~</u>	***
<u> </u>	PM	:17
30.5	4:5	F==
		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00