## L17009169189

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp			
CI(D II	ecr.	DeadGoo	d 116	
SUBJ	ECI:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	iclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following	
		SKIS	Name of Person	J. Cohen
		Dea	dfood LLC	
		2050	S Plymouth S	+
		Jacks		5502
		Dead 9	City/State and Zip Code  Cods Eng! @ 9  to be used for future annual report	otification)
For fu	rther information co	ncerning this matter, please c	all:	
	Gric Co	Len Person		-7191 -01- (516)732-111 time Telephone Number
Enclos	sed is a check for the	e following amount:		
<b>₫</b> \$2	5.00 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)
		NG ADDRESS:	<b>1</b>	RIER ADDRESS:
		tion Section	Registration Sec	
	Division P.O. Bo	of Corporations	Division of Cor Clifton Building	
		see, FL 32314	266 Executive Tallahassee, FL	Center Circle

## TO ARTICLES OF ORGANIZATION

· ' '	
Deadfood LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L17000169189</u>	re filed on Avgust 8th, 20 med assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability</u>	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)	
Enter new mailing address, if applicable:	SECRETAL TALLAHAS 18 JAN 2
(Mailing address MAY BE A POST OFFICE BOX)	SEE. F
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the riew
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Clry Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office additionable to make the notified in writing of this change.	formance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is
	ì

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If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name	Address		Type of Action
MGR	Evan hausman	458	35 Temple Lakes D	- To Add
		Jack	Conville, Fr, 32257	Remove
				Change
MGR	Evan Daniel Kaufma	2 4 A	585 Temple Lal	Carland Add
		Zac	Ksonville, F1,322	S Remove
		<del></del>		Change
	<del></del>	<del></del>		
		···		□ Remove
		<del></del>		Change
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				_□ Change

or removed from our records:

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	JAN 26
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	31 31 31 A
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated 1/22/18 EL	
Dated	
Signature of a member or authorized	depresentative of a member
Signature of a member of authorized	търгозанацус (гг а теннос)
Typed or printed na	md of signee

Page 3 of 3

Filing Fee: \$25.00