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COVER LETTER

SUBJECT:	CSI CLI	EANING LLC									
SUBJECT:	Name of Lin	nited Liability Company									
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.									
Please return all correspondence	ondence concerning this matter	to the following:									
	Carlos I	Laboy									
		Name of Person									
	CSI CLI	EANING LLC									
		Firm/Company									
	484 Lakeside Drive Lot 30										
		Address									
	La	ke Wates, Fl. 33853									
		City/State and Zip Code									
	E-mail address: (to be used for future annual report notit	ication)								
For further information of	concerning this matter, please c	all:									
Carlos Laboy		863 605-3118 at()									
Name	of Person	Area Code Daytime	Telephone Number								
Enclosed is a check for t	he following amount:										
□ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)								

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

CSI CLEA	ANING LLC						
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our r a Limited Liability Company)	ecords.)					
The Articles of Organization for this Limited Liability C	Company were filed on 08/24/17	and assigned					
Florida document number L17000180815	·						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	ited liability company here:						
CSI International F	Food LLC.						
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	<i>≥</i> 0					
		8 AI					
		16 T					
Enter new mailing address, if applicable:		29					
(Mailing address MAY BE A POST OFFICE BOX)							
and address In AT DE A TOST OF FICE DOX		O ₂ > 0.					
B. If amending the registered agent and/or regis registered agent and/or the new registered office add							
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. 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Page 3 of 3

Filing Fee: \$25.00