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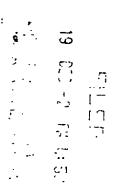
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COVER LETTER · · ·

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SUBJEC		RA FOODS LLC			
SUBJEC	.1;	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and tee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		CLAUDIA SAENZ			
		TAX SOLUTIONS & BOO	Name of Person OKKEEPING LLC		
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. cum all correspondence concerning this matter to the following: CLAUDIA SAENZ Name of Person TAX SOLUTIONS & BOOKKEEPING LLC Firm/Company 7751 KINGSPOINTE PKWY, STE 119 Address ORLANDO, FL 32819 City/State and Zip Code CLAUDIA TAXSOLUTIONS@GMAIL_COM E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: DIA SAENZ Name of Person Name of Person Area Code Daytime Telephone Number Stone Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS:				
			City/State and Zip Code		
		CLAUDIA.TAXSOLUTIO E-mail address: (NS@GMAIL.COM to be used for future annual report noti	fication)	
For furth	er information c	oncerning this matter, please ea	all:		
CLAUD	IA SAENZ				
	Name o	t Person	Area Code Daytim	e Telephone Number	
Enclosed	l is a check for th	ne following amount:			
≅ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	on	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLADORA FOODS LLC		·
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on florida	and assigned
florida document number L17000195570		
This amendment is submitted to amend the following:		() () () () () () () () () ()
a. If amending name, enter the new name of the li	mited liability company here:	A ' •
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	Fit	orida
	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
AMBR	VISI GROUP LLC	12283 DEEDER LN	🗆 Add
		JACKSONVILLE, FL. 32258	■Remove
			□Change
			□Add
			Remove
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<u>u.</u>			□Add
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Effective det	a if other than the	date of filing:			(ontional)	
(If an effective d	e, if other than the oute is listed, the date must	be specific and cann	ot be prior to date of	filing or more than 9	0 days after filing.) Pur	suant to 605.020
	late inserted in this blo ffective date on the De			itory filing require	ments, this date will	not be listed a
the record s) The 90th	pecifies a delayed day after the reco	effective date, and is filed.	, but not an ef	fective time, at	12:01 a.m. on t	he earlier o
NOVI	EMBER 12	20	119			
Dated				メーノ		
		(n/N		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00