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N COOPER MAY 1 8 2018

COVER LETTER

	Food2vero	LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Connie R Los		
			Name of Person	
		Food2vero LLC		
			Firm/Company	
1278 Classic CT				
			Address	
		Vero Beach Fl. 32966		
			City/State and Zip Code	
		conn6dl@aol.com E-mail address: ()	to be used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca		
Nadja Ricci			772 234-5661	
	Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00 H	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 radditional copy is enclose

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

Food2vero LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>(ds.)</u>
the Articles of Organization for this Limited Liability Com- lorida document number 1.17000255199	pany were filed on 12/14/2017	and assigned
lorida document number		
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	18 IV SE
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nter new mailing address, if applicable:		₩ 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15
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Mailing address MAY BE A POST OFFICE BOX)		25 PHOPE 25
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		ds. enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		lorida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RANDAL A LOS	1278 CLASSIC CT	Add
		VERO BEACH FL 32966	■ Remove
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			□ Remove
		<u> </u>	Change
			Add
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Effect	ive date, if other than the date of filing: (optional)	
(If an ef Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	5.0207 (3)(b) ted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:
1300.04	05/11/2018	
rated	Signature of a member or authorized representative of a member	
	(1,0,1,1)	

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Typed or printed name of signee

Filing Fee: \$25.00