## L17000255199

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	FOOD2VE	RO LLC		
50 <b>D</b> (1)			ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	eturn all correspo	ndence concerning this matter t	o the following:	
		CONNIE R LOS		
			Name of Person	
		FOOD2VERO LLC		
			Firm/Company	<u>.                                    </u>
		1278 CLASSIC CT		
			Address	
		VERO BEACH FL 32966		
		CONN6DL@AOL.COM	City/State and Zip Code	<del></del>
		E-mail address: (to	be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please cal	II:	
CONN	IE R LOS		321 368-6310 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$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)

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</u> (A Florida I	Company as it now appears on our records imited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000255199</u>	mpany were filed on 12/14/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		$\omega$ . $\omega$ . $\gamma$
		0:: 1:
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records ess here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	<u> </u>
	Fle	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RANDAL A LOS	1278 CLASSIC CT VERO BEACH FL 32966	<b>□</b> Add
			□ Remove
			Change
MGR	NADJA RICCI	3503 OCEAN DR VERO BEACH FL 32966	
			■ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
		Remove	
			Change
			Add
			□ Remove
			☐ Change

`if am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
•	
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•	
n cc	01/01/2019
Note:	feetive 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	FEBRUARY 8 2019
	Signature of a member or authorized representative of a member
	riginative of a member of authorized expresentative of a member

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Filing Fee: \$25.00