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Special Instructions to Fi	ling Officer:	

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COVER LETTER

Division of Corp	porations			
Immokalee SUBJECT:	Fresh Foods, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
,				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Randolph Ramtahal			
		Name of Person		
	Immokalee Fresh Foods, L	LC		
		Firm/Company		
	11225 Tamiami Trail East			
		Address		
	Naples, Florida 34113			
		City/State and Zip Code	·	
	bella129@centurylink.net			
	E-mail address: (to be used for future annual report notific	ration)	
For further information co	oncerning this matter, please ca	all:	Pation) 2018 KAI	C) ALTERNATION AND AND AND AND AND AND AND AND AND AN
Thomas Rinaldi, Esq.		239 659-3866 at ()		1 1 4 4
Name of	Person	at () Area Code Daytime	Telephone Number	
			9. 32 Luhada	
Enclosed is a check for th	e following amount:		32	
□ \$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:

TO:

Registration Section

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

Immokalee Fresh Foods, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited L Florida document number L17000258619	.iability Company 	were filed on December 19	, 2017 and assigned		
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		11225 Tamiami Trail East			
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		Naples, Florida 34113			
		11225 Tamiami Trail East Naples, Florida 34113 ffice address on our receie:	2 2 3		
Name of New Registered Agent:	Thomas Rinald	li, Esq.			
New Registered Office Address:	4001 Tamiami	Trail N. Suite 250			
		Enter Florida street aa	ddress		
	Naples		, Florida 34103		
		City	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	•			
I hereby accept the appointment as registered provisions of all statutes relative to the prop					

If Changing Registered Agent, Signature of New Registered Agent

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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 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>	<u>Address</u>	Type of Action
MGRM	Shar Faraj, MD	110 N 1st Street	Add
		Immokalee, FL 34142	■ Remove
			☐ Change
AMBR	Juan Miguel Gonzalez	110 N 1st St	■ Add
		Immokalee, FL 34142	□ Remove
			Change
			Add Change Add Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to other. If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	date of filing or more than 90 days			
record specifies a delayed effective date, but not a The 90th day after the record is filed.	in effective time, at 12:	01 a.m. c	on the earli	er
ted March 16 2018	·			
Signature of a member or authoriz				
	name of signee for Randolph Ran			

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Filing Fee: \$25.00