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(Re	equestor's Name)	
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## **COVER LETTER**

	gistration Sec vision of Corp		•			
0.10.15.0T	Berger Food	s LLC				
SUBJECT:	····	Name of Limite	ed Liability Company	<del></del>		
The enclose	d Articles of A	Amendment and fee(s) are subm	itted for filing.			
		ndence concerning this matter to				
		Moshe Berger				
			Name of Person			
		MB Food Distributors LLC				
			Firm/Company			
	3255 NW 94th Ave #9235					
Address						
	Coral Springs, FL 33075					
			City/State and Zip Code		دم	خان
		specialtyfoodsfl@gmail.com	be used for future annual report notifical	ion	0	
For further	information c	e-mail address: (to oncerning this matter, please cal		iony	18.37 10	그 - [] - 그 - [] - 그 - []
		j .	954 8037852 at ()		: ;	0.130.5 S. 30.5
	Name o	f Person	Area Code Daytime To	lephone Number	2: 1.8	STATE
Enclosed is	a check for th	ne following amount:				1/3
■ \$25.00 Filing Fee			□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &	
	ailing Addres		Street Address: Registration Section	on		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB Food Distributorss LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

V		ِرِي	
The Articles of Organization for this Limited Liability Company were Elorida document number. L17000261510	filed on 12/26/2017	and assigned	
Florida document number L17000261510			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company here:		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
<del></del>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
<del></del>			
B. If amending the registered agent and/or registered office addre	ess on our records, <u>e</u>	nter the name of the new registered	
agent and/or the new registered office address here:			
Manage CNa - Depice - 1 Access			
Name of New Registered Agent:		_	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	_, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfe			

Thereby 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>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
AMBR	Jacob Baron	9255 NW 94th Ave #9235	■Add
		Coral Springs, FL 33075	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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te: If the date	is listed, the date in e inscrted in this	he date of filing nust be specific and block does not m Department of S	neet the applical	date of filing or models statutory filing	ore than 90 days agrequirements,	ptional) ifter filing.) Pursual this date will not	nt to 605.020 be listed a
cord specifies s filed.				ne, at 12:01 a.m. o	on the earlier o	f: (b) The 90th o	lay after the
	161.		200				
1cd	/8/	B.De		ized representative			