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COVER LETTER

	Registration Sec Division of Corp				
		GE MEAT AND PROVISION	NS, LLC		
SUBJEC	Γ:	Name of Lim	ited Liability Company		
The enclo	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspon	dence concerning this matter	to the following:		
		LEYLA SCAPARONE			
			Name of Person		
		JOHN P. MAAS, ATTOR	NEY AT LAW		
			Firm/Company		
		44 NE 16th STREET			
			Address		
		HOMESTEAD, FL 33030			
			City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For furthe	r information co	ncerning this matter, please co	ıll;		
LEYLA S	SCAPARONE		305 247-7		
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the	e following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is en	

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SOUTH DIXIE MEAT AND PROVISIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/18/2018 and assigned Florida document number <u>L18000014023</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: RAMON DIAZ, JR. Name of New Registered Agent: 24735 S DIXIE HWY New Registered Office Address: Enter Florida street address , Florida 33032 Zip Code HOMESTEAD

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.

Cirv

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>	<u>Address</u>	Type of Action
AMBR	DAVID BRUNELLE	24727 S DIXIE HWY	
		HOMESTEAD, FL 33032	■ Remove
AMBR	RAMON DIAZ, JR.	24727 S DIXIE HWY	S + 11
		HOMESTEAD, FL 33032	
			□ Change
		_	□ Add
			□ Remove
			Change
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			Remove
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ote:	e date, if other than the date of filing:
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ited _	September 27th 2019
	Signature of a member or authorized representative of a member OAUID Brune Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00