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(Re	equestor's Name)	
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APR 27 2018 J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJEC	Retail Food	Safety Technology LLC	*	
осворс		Name of Limi	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Kenneth Fobes		
			Name of Person	
		Retail Food Safety Technol	logy LLC	
			Firm/Company	
		2117 Donna Drive		
			Address	
		Plano, Texas 75074		
			City/State and Zip Code	
		k.fobes@fstretail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	dl:	
Kenneth	Fobes	_	904 509-2894	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0	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

Retail Food Safety Technology LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on January 29, 2018	and assigned
Florida document number L18000025640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab.	ility 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:	Retail Food Safety Technology LLC	S. P.
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 861612	
The state of the s	Plano, Texas 75086-9997	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u> :	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Now Desistand A and Simulation is about a D	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, 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>	Address	Type of Action
AMBR	360FACTORS INC	5910 COURTYARD DR, STE 787	Add
			■ Remove
			☐ Change
AMBR	HSE TECHNOLOGIES CORPORA	4265 SAN FELIPE ST, STE 1100,	
			■ Remove
			☐ Change
			Add
			☐ Remove
			Change
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ffective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block doe occument's effective date on the Department of the process of the specifies a delayed effect The 90th day after the record is	es not meet the apent of State's rec	pplicable statuto ords.	ory filing requiremen	ts, this date will i	not be liste
Anril 23	2018				
Lenneth)	Toles-	·		2 44	2311
Signature Kenneth Fobes	fe of a member or	authorized repres	sentative of a member		APR 26
	Typed or	printed name of s	ignee	SET OF	

Filing Fee: \$25.00