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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	SALAD EV	ERY DAY LLC		
	**	Name of Limit	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		Kathryn Mann		
		·	Name of Person	
		BOLD PALATE FOODS L		
			Firm/Company	
		3400 SW 27th Avenue Suite 2103	1 micompany	
			Address	
		Miami, Florida 33133		
			City/State and Zip Code	
		kate@saladeveryday.com		
		E-mail address: (to	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	11:	
Kathryn Mar	nn		414 305-1800	
•	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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

TO:

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L18000025779		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
BOLD PALATE FOODS LLC		
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	22
Enter new mailing address, if applicable:		TILL L
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the
V D 1 100 All 1		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CALAD EVEDY DAVILO

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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> □ Add ☐ Remove __ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

_□ Change

. II AIIIC	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	re date, if other than the date of filing:
	ord 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 _	November 23 , 2018
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	KATHRYN MANN
	Typed or printed name of signec