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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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то:	Registration Se Division of Cor				
		VE FOOD DISTRIBUTORS L	.L.C		
SUBJE	.C1:	Name of Lim	nited Liability Company		
The end	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		LUCY PALACIOS		Name of Person VCE INC Firm/Company 208 Address ity/State and Zip Code ERVICE.COM Fused for future annual report notification) at () Area Code Daytime Telephone Number	
			Name of Person		
M & I. ACCOUNTING SERIVCE INC					
Firm/Company					
16969 NW 67 AVENUE STE 208					
Address					
		HIALEAH, FL 33015			
		LUCY@MLACCOUNTIN	City/State and Zip Code GSERVICE.COM		
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please ca	all:		
LUCY	PALACIOS				
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

EXECUTIVE FOOD DISTRIBUTORS LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Companies document number L18000 0 93434	any were filed on 04/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>_</u>
(Principal office address MUST BE A STREET ADDRESS	2	#35.8 #315.05
		- 6 SEE
Enter new mailing address, if applicable:		<u>₹</u> 894
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>်ပ် ခွ</u> ုိ
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, on here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	Ciţ	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>	Name	<u>Address</u>	Type of Action
MGR	Mateo Felipe Barequero	17487 SW 20 COURT MIRAMAR, FL 33029	
			Remove
			Change
MGR	Gonzalo Quevedo Zabala	17487 SW 20 COURT MIRAMAR, FL 33029	
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
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Note: If the date	if other than the data is listed, the date must be a inserted in this block etive date on the Depa	does not meet the a	applicable statutoi	ng or more than 90 d ry filing requireme	ays after filing.) Pursunts, this date will n	ant to 605,0207 (of be listed as t
he record spe The 90th da	cifies a delayed e ay after the record	ffective date, bu I is filed.	ut not an effec	tive time, at 1	2:01 a.m. on th	ie earlier of
Dated		2018	, .			
	(/	<u> </u>				
V		10 C	or authorized repres			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00