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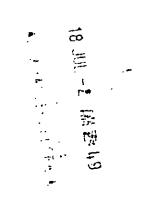
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## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: Aver	ntura Food In	dustries, L	.LC
	Na	ame of Limited Liabilit	y Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) are	e submitted for filing.	
Please return all corresp	oondence concerning this m	atter to the following:	
Richard A.	C. Alton, Esc	٦.	
	Name of Person		
Silverberg	& Weiss, P./	٩.	
	Firm/Company		
1290 West	ton Road, Su	iite 218	
	Address		
Weston, F	lorida 33326		
	City/State and Zip Code	<del></del>	
•	orts@pksleg		
E-mail address: ()	o be used for future annual	report notification)	
		n	
	concerning this matter, ple		2040000
Richard A.		at () .	3840998  Davtime Telephone Number
Name	of Person	Area Code	Daytine Telephone (value)
STREET/COURIER	ADDRESS:		IAILING ADDRESS: egistration Section
Registration Section Division of Corporations			ivision of Corporations
Clifton Building 2661 Executive Center Circle		• •	O. Box 6327 allahassee, Florida 32314
Tallahassee, Florida 32		•	ariamissee. From Ma 52514
Enclosed is a check for	or the following amount:		
■ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy
CR2E062 (9/15)			

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209. F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Aventura Food Industries, LLC

		 318					
SECO:	<u>ND:</u>						
THIRI	The Florida Document number of the limited liability company is:  L180015661  Document to be corrected is: Articles of Organization						
		(CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STA	TEMENT			
X.	state	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	Inc	orrectly input "Peter Junis" should be	corrected to "Peter Juris				
	<u>OR</u>		, <u>, , , , , , , , , , , , , , , , , , </u>	• 18			
	Was as fo	defectively signed. The manner in which the docume sllows:	ent was defectively signed and the ap	propriate correction are			
				5			
	<u>OR</u>	Λ					
	The	electronic transmission of the record was defective.					
			C/29/2 Date	018			
		Signature of Authorized Representative new registered agent, if applicable :( NOTE: if correct designation).					
I herei provis obliga reflect	by acce ions of tions o	red Agent's Signature, if changing Registered Agent; ept the appointment as registered agent and agree to a fall statutes relative to the proper and complete perforif my position as registered agent as provided for in Congc in the registered office address. I hereby confirm to the registered office address.	rmance of my duties, and I am famili hapter 605, F.S. Or, if this document	ar with and accept the is being filed to merely			
		Registered Age	nt's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				