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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
	cument Number)	
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Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: A-	1 AFFord Name of Limi	145le Fencino ted Liability Company	g LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	DONALO	R. Boy Le	r JR.
	A-1 A	FFORMAble Fe.	ncing LCC
	201 Tex	k wood circl	e North
	Middle	bung FL 33	2068 mail.com cation)
	E-mail address: (t	o be used for future annual report notifi	mail.com
For further information c	concerning this matter, please ca	ill: .	0
Donald	R Boyles JR	at (904) 43 Area Code Daytime	7-05-62 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)
	ING ADDRESS:	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-I AFFOODS (Name of the Limited Liability Company (A Florida Limited Lia	Fercina LLC
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L / 8000 / 5.79}{}$ 2. This amendment is submitted to amend the following:	were filed on $6-27-18$ and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ity Company," the designation "L1.C" or the abbreviation "L1.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Cag
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address here	<u></u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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>	Name	Address	Type of Action
MGR	Donald R. Boyles	201 Teak wood circle 1	Unt Dod
			☐ Remove
			Change
			□ Remove
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Filing Fee: \$25.00