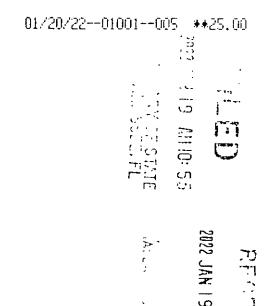
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COVER LETTER

Division of Corpo				
SURJECT: Met	RV Food Deb	of LLC		
	Name of Lin	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Meelin Jaclotte Name of Person			
		Metro Food Depr	it ilic	
	- M2	S NW 99th Ave		
	P	Embsolle Pines City/State and Zip Code	FL 33021	
	_			
	MerlinJado	Her Camail & Com to be used for future annual report notif	icalians.	
		0	Ranou)	
	seeming this matter, please con-	all:		
Merlin) Jadotle	at (954) , $394-0$	878	
Name of F	Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	following amount:			
½ \$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)	
Mailing Address:		Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro	Food Depo	t LLC		
(<u>Name of the Limited</u> (7	Liability Company V Florida Limited Lii	cas it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Lial Florida document number <u>L 18 000 17 & </u>		ere filed on <u>07/25</u>	12018	and assigned
This amendment is submitted to amend the follow	ring.			
A. If amending name, enter the new name of t	he limited l <u>jabi</u> li	ty company here:		
MeJad Hold The new name must be distinguishable and contain the wor	tings LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabthty	Company," the designation	i "E.L.C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat (Principal office address MUST BE A STREET	1925 NW 9 Pembroke	9+n Ave		
		rembroke	PINE>	10 33027
Enter new mailing address, if applicable:		<u>.</u> -		ప
(Mailing address MAY BE A POST OFFICE BG			1. mm	
			 	
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office ad <u>here</u> :	dress on our records, <u>c</u>	enter the rame	of the new registered
Name of New Registered Agent:	Mellissa	Jadotle		
New Registered Office Address:	1925	Reader NW	99th A	18
	. Pembro	Enter Florida street o Le Pi Ne) City	ndiress Florida	33023
		City	1 1011041	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
MGR	Merlin Jadotte	1925 NW 994 Ave	ZAdd
		Pembroke Pines FL 33023	□Remove
			□Change
MGR	Louna BadeHe	SOBI 20TH CT SW	□Add
		Naples Fr 34116	ERemove
			□Change
			□Add
			□Remove
]Clunge
			□Add
			□Remove
			□Change
			
			Петюче
			□Change
			∃Remove
			□Change