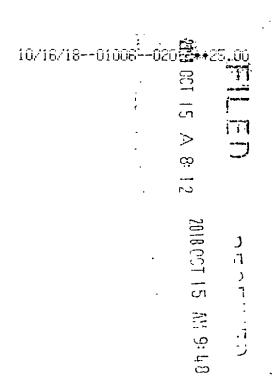
118000189653

| (Requestor's Name) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Divis | ion of Cor | porations | | | |
|-----------------|--------------|---|---|------------------------|-------------|
| | TVL Foods | LLC | | | |
| SUBJECT: _ | | Name of Lim | ited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return a | all correspo | ndence concerning this matter | to the following: | | |
| | | % Robert M Lauenstein | | | |
| | | | Name of Person | | |
| | | TVL Foods LLC | | | |
| | | SO15 International Drive | Firm/Company | . | 51 130 Mag |
| | | Suite 313 | Address | | - |
| | | Orlando, Florida 32819 | | | D |
| | | 6-8-14 T | City/State and Zip Code | | တ္ |
| | | sushi@kronickssushi.com | | - | . ~ |
| B 0 4 1 | c .: | | to be used for future annual report | notification) | |
| For further in | ormation c | oncerning this matter, please c | an: | | |
| Robert M Lat | uenstein | | 240 750-056 | | |
| | Name o | f Person | at () Area Code Day | ytime Telephone Number | |
| Enclosed is a | check for tl | ne following amount: | | | |
| ■ \$25.00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | Registr | ING ADDRESS: ration Section on of Corporations | STREET/CO Registration Se Division of Co | | |

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| IVL toobs LLC | |
|---|---|
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa | ppears on our records.) any) |
| The Articles of Organization for this Limited Liability Company were filed on Florida document number L18000189653 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compar | ıv here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," | the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> |
| | |
| | 1/21 state |
| Enter new mailing address, if applicable: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| | <u> </u> |
| | ; ∼2 |
| B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here: | s on our records, enter the name of the n |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Ente | r Florida street address |
| | , Florida Zip Code |
| City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |

If Changing Registered Agent, Signature of New 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 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 |
|--------------|----------------------|---------------------------------------|-----------------|
| RA | Robert M Lauenstein | 8015 International Drive Suite 313 | |
| | | Orlando. Florida 32819 | ■ Remove |
| | | | Change |
| MGR | Linda R Tozi Cardoso | 8015 International Drive Suite 313 | |
| | | Orlando, Florida 32819 | ■ Remove |
| | | | Ta Change |
| | | | O Add |
| | | | Remove) |
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| ective date, if other than the | date of filing: be specific and cannot be prior to date of ti | (option | nal) |
| effective date is listed, the date must e: If the date inserted in this blo | be specific and cannot be prior to date of hick does not meet the applicable statut | ding or more than 90 days after for ory filing requirements, this o | iling.) Pursuant to 605.0 date will not be listed |
| ument's effective date on the De | | , , , | |
| | | | |
| record specifies a delayed | effective date, but not an effe | ective time, at 12:01 a. | m. on the earlier |
| he 90th day after the reco | ord is filed. | | |
| | | | |
| August 28 | 2018 | | |
| 2011 | | | |
| Tobal M. | Manusterin | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| : | Signature of a member or authorized repre | esentative of a member | |

Page 3 of 3

Filing Fee: \$25.00