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

Office Use Only



600320169296

11/01/18--01007--028 ++25.00

R. WHITE

HON & STOIR

COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|--------------|--|---|---|
| SUBJECT: | SRII Foods | , LLC | | |
| SOBSECT. | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Sean A Sukal | | |
| | | | Name of Person | |
| | | SRH Foods, LLC | | |
| | | | Firm/Company | |
| | | 2470 NW 46th Street | | |
| | | | Address | |
| | | Boca Raton, FL 33431 | | |
| | | sasukal@hotmail.com | City/State and Zip Code | |
| | | E-mail address: (t | to be used for future annual report notifi | ication) |
| For further in | nformation c | oncerning this matter, please ca | all: | |
| Sean A Suka | il | | 917 476-4145 | |
| | Name o | f Person | at () | Telephone Number |
| Enclosed is a | check for th | ne following amount: | | · |
| ■ \$25.00 F | iling 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:

TO:

Registration Section

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

2018 NOY -1 PM 12: 32

| SRH Foods, LLC | SECRETARY W | ESTATE |
|---|---|---------------------------|
| (<u>Name of the Limited Liability</u> (A Florida l | Company as it now appears on our records Limited Liability Company) | EE, TE |
| The Articles of Organization for this Limited Liability Co Florida document number L18000242178 | ompany were filed on 10/15/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | _ |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | | nter the name of the new |
| Name of New Registered Agent: | | <u></u> |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | aZip Code |
| | Chy | 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> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|---|----------------|
| AMBR | Victor Soares | 116A South Longport Circle, Delray Beach, FL 33444 | ■ Add |
| | | | 🗖 Remove |
| | | | Change |
| | · · · · · · · · · · · · · · · · · · · | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| | <u> </u> | | | |
|--|---------------------------------------|---------------------------------------|---|---------------------------|
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | <u>_</u> |
| | | | | |
| | | | | |
| | | | | - |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| | | | | |
| ···· | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| | , , | | · · · · · · · · · · · · · · · · · · · | |
| - | | | | _ |
| ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De | ck does not meet the applic | able statutory filing requ | (optional) n 90 days after filing.) Pursuant to irements, this date will not be | o 605.020° 2 listed as |
| e record specifies a delayed The 90th day after the reco | | t an effective time, | at 12:01 a.m. on the e | arlier o |
| October 29th | 2018 | <u> </u> | | |
| | , | Gent orized representative of a m | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00