## 118000 282484

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## **COVER LETTER**

TO: Registration S Division of Co							
	Foods, LLC						
Name of Limited Liability Company							
The enclosed Articles o	t Amendment and fee(s) are sub	mitted for filing.					
Picase return all corresp	oondence concerning this matter	to the following:					
	Robert O. Schwarz						
		Name of Person					
	Samole Law Firm, P.A.						
		Firm/Company					
	9700 S. Dixie Highway, S	uite 630					
	·	Address	<del></del>				
	Miami, Florida 33156						
		City/State and Zip Code					
	rschwarz@samolelaw.com						
	E-mail address: (	to be used for future annual report noti	fication)				
For further information	concerning this matter, please co	all:					
Robert O. Schwarz		305 670-5070 at ( )					
Name	of Person	at () Area Code Daytim	e Telephone Number				
Enclosed is a check for	the 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)				

MAILING ADDRESS:

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
Tallahussee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Majesty Foods, LLC			
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appears on our records, bility Company)	)
The Articles of Organization for this Limited I Florida document number <u>L18000282484</u>		ere filed on December 7, 2018	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		22 E -
the state of the s	· <u>····</u>		
			2 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROV)		
maning ann (35 75, CF 121, 21 F 123, 1 77, 1 F 1 C 12	<u> 1070</u>		50
			<u></u>
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	9700 S. Dixie Hig	ghway, Suite 630	
		Enter Florida street address	
	Miami	, Flor	rida <u>33156</u>
		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>	<u>Name</u>	Address	Type of Action
Mgr	Robert O. Schwarz		
			■ Remove
			☐ Change
Mgr	Gary Tie-Shue	2740 WEST 81ST STREET HIALEAH, FL 33016	
			☐ Remove
			☐ Change
			□ Remove
			Change
			D Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

<u>Note</u>	ctive date, if other than the date of filing:
GIV.	
If the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
If the ro (b) Th	December 12 2018
If the re	December 12 2018
If the ro (b) Th	December 12 2018

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Filing Fee: \$25.00