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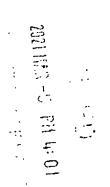
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, , ,	
(Document Number)	
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COVER LETTER

	v	
TO:		Registration Section
		Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	FORESTAL FOODS LLC			
obstact.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		OSPINA AUGUSTO		
			Name of Person	
		FORESTAL FOODS LLC		
			Firm/Company	
		12300 NW 29TH PLACE		
			Address	
		SUNRISE, FL 33323		
			City/State and Zip Code	., <u>.</u>
		MANAGEMENT@FORES		
			to be used for future annual report	notification)
ror turtner u	normation c	oncerning this matter, please c	all:	
AUGUSTO OSPINA		954 669-078:	5	
Name of Person		Area Code Da	ytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address Registration	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORESTAL FOODS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000286680	were filed on FLORIDA and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
FORESTAL GROUP, LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11950 NW 31 STREET
Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33323
Enter new mailing address, if applicable:	11950 NW 31 STREET
Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33323
	2021
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address !

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.

Circ

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

Title	<u>Name</u>	Address	Type of Action
MGR	OSPINA, DANIELA A.	11950 NW 31 STREET	= Add
		SUNRISE, FL 33323	_
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
		·	□Change
			□Remove
			□ Change
			DAdd
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ MARCH 01 2021 Signature of a member or authorized representative of a member AUGUSTO OSPINA Typed or printed name of signce