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| (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: |
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Office Use Only

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2020 JAN 13 AM 9: 42

COVER LETTER

| TO: | Registration S Division of Co | | | | | |
|-----------------|----------------------------------|--|--|---|--|--|
| 21 (P. 1) | FOOD CULTURE CONSULTANTS | | | | | |
| SUBJI | ECT: | | ited Liability Company. | | | |
| The en | nclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | return all corresp | ondence concerning this matter | to the following: | | | |
| | | CASSANDRA HECTOR | | | | |
| | | | Name of Person | | | |
| | | 10280 POST HARVEST D | Firm/Company RIVE | | | |
| | | RIVERVIEW FLORIDA 335 | Address 578 | | | |
| | | edible af | City/State and Zip Code PROGENCE 9 May 1 - Com to be used for future annual report noti | Scotlant | | |
| For fu | rther information | concerning this matter, please co | | (Canvil) | | |
| CASS | SANDRA HECT | OR | 813 5001065/ | | | |
| | Name | of Person | at () Area Code Daytime | e Telephone Number | | |
| Enclos | sed is a check for | the following amount: | | | | |
| pa 7 \$2 | 5.00 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
Tallahassee, FL 32301



August 10, 2019

CASSANDRA HECTOR 10280 POST HARVEST DRIVE RIVERVIEW, FL 33578 My (E72 813-500.1065

SUBJECT: FOOD CULTURE CONSULTANTS, LLC

Ref. Number: L19000054227

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the original document number for your company and also the original date of incorporation in your document. You must also check the type of action for your managers.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

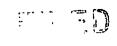
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 519A00016442

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 JAN 13 AM 9: 42

FOOD CULTURE CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on FEBRUARY 25, 2019 |) and assigned |
|---|--|--------------------|
| Florida document numberL19000054227 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| FOOD BECOMES U LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10280 POST HARVEST DRIVE | |
| (Principal office address MUST BE A STREET ADDRESS) | RIVERVIEW FL 33578 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: | | he name of the new |
| New Registered Office Address: | Emer Florida street address | |
| | Liner van da meet daarem | |
| | , Florida | 7:C. 1 |
| | C IÚ. | 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> KRISTA MADDOCK | Address | Type of Action |
|--------------|-------------------------------|-----------------------|----------------|
| AMBR | | | |
| - | | 510 LUCERNE AVE 33606 | |
| | | TAMPA, FL 33606 | Remove |
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| Effecti | e date, if other than the date of filing: |
| (If an effe Note: | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records. |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| Dated _ | 31/2019 |
| | e lector |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00