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COVER LETTER

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SUBJECT:	PAPER FOODS LLC					
30 231 .01.		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fec(s) are sub-	mitted for filing.			
Please return	ali correspo	ndence concerning this matter	to the following:			
		RODRIGO BIONDI				
			Name of Person			
			Firm/Company			
		5844 NW 109TH AVE				
		- <u> </u>	Address			
		DORAL, FL 33178				
		RODRIGO.BIONDI4@GM	City/State and Zip Code IAIL.COM			
		E-mail address: (to be used for future annual report notifi	cation)		
For further in	nformation c	oncerning this matter, please ca	all:			
RODRIGO	BIONDI		786 327-4067			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAPER FOODS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L19000080419	were filed on 03/22/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
"he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		19 [AL
		<i>5</i> > 1 <u> </u>
Enter new mailing address, if applicable:		SA N
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
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3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		• *
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	:22
		lorida
	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	ANA K BIONDI	5844 NW 109TH AVE	
			
		DORAL, FL 33178	
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locument's effective date or	the Department o	f State's records.					
e record specifies a de The 90th day after th			an effective ti	me, at 12:01	a.m. o	n the	earlier of
Dated		2019	_ •				
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Page 3 of 3

Typed or printed name of signee

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