

L19000 085 452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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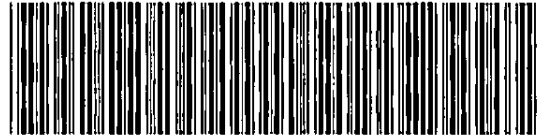
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 05 2019
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lina Foods, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Finance and admin department
Name of Person

Algen foods, LLC
Firm/Company

16121 Lee Rd, Suite 110
Address

Fort Myers, FL 33912
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Pecenka at (239) 444-6326
Name of Person Area Code Daytime 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
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 29 AM 10:44

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lina Foods, LLC

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

JUL 29 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/27/2019 and assigned
Florida document number L19000085452.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Algen Foods, LLC

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

James Pecenka

New Registered Office Address:

16121 Lee Rd, Suite 110

Enter Florida street address

Fort Myers

City

Florida

33912

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>	<u>Type of Action</u>
CEO	Jacques Beaudin - Losique	116121 Lee Rd, Suite 110 Fort Myers, FL 33912	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
CEO	Quang J. Ha	116121 Lee Rd, Suite 110 Fort Myers, FL 33912	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
COO	Benjamin Gardner	116121 Lee Rd, Suite 110 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
CRO	William Porubsky	116121 Lee Rd, Suite 110 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Secretary	James Pecenka	116121 Lee Rd, Suite 110 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

July 23, 2019
Signature of a member or authorized representative of a member

James Pecenka -
Typed or printed name of signee