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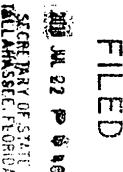
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	rganctood Name of Limit	Kings LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	ALexond	lec Morta Namic of Person	ne.2
	Organic	Food Kings	5 166
	3200 D. N	J. Miomi au	<u>e</u>
	Miomi #1.	33127 City/State and Zip Code	
	E-mail address: (to	Food Kings 6 o be used for future annual report notif	DG MOIL COM
For further information c	oncerning this matter, please ca		
Alexande	r Montonez	at ( <u>305</u> ) <u>305</u> Area Code Daytimo	- 1719 e Telephone Number
Enclosed is a check for t	he 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)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

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

EH EN

	<u> </u>	LLC	
(Name of the Limited Liability Con (A Florida Limite	ipany as it now appears ed Liability Company)	on our records.)	P \$ 40
he Articles of Organization for this Limited Liability Compa	ny were filed on	05 ht 120	APPATANd assigned
orida document number <u>L 1900015813</u> 6	:	TALLAHMOSEE	I. FCORIDA
	",		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :	
Organic Food K	1005 /	1.0	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the de-	signation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:	-		
<u> Principal office address MUST BE A STREET ADDRESS)</u>		<del> </del>	
		,	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		our records, <u>er</u>	iter the name of th
		our recor <b>ds</b> , <u>er</u>	iter the name of th
		our recor <b>ds</b> , <u>er</u>	iter the name of th
		our recor <b>ds</b> , <u>er</u>	iter the name of th
gistered agent and/or the new registered office address by Name of New Registered Agent:		our recor <b>ds</b> , <u>er</u>	iter the name of the
. If amending the registered agent and/or registered egistered agent and/or the new registered office address have of New Registered Agent:  New Registered Office Address:	iere:	our records, <u>er</u>	iter the name of th
Name of New Registered Agent:	i <b>ere:</b> Enter Flori	la street address	aZip Code

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Actio
MGR	Hernonde	Z, Wilson	3200 D U MIONI AUE	🗆 Add
			Mom, F1. 33:27	Remove
				Change
AP	Souchez	Tennifer	3200 D. N. Miami Aug	Add
			Micm. 11. 33127	Remove
				Change
<u>UGR</u>	Montanez	<u>ALexender</u>	3200 N Miami ave	Add
			Micmi \$1.33127	□ Remove
				□ Change
AP	Montane	2, ALexander	- 3200 N Miami Ove	Add
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an effective date is ote: If the date	inserted in this block does not m	reet the applicable st	tatutory filing requi	rements, this date w	ill not be list
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