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PICK-UP WAIT MAIL			
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COVER LETTER

	gistration Sec vision of Corp					
, Subtrox		TURAL FOOD CONSULTI	NG LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please returi	n all correspoi	ndence concerning this matter	to the following:			
		Eduardo Souchon				
			Name of Person			
		Multicultural Food Consultin	ng LLC			
			Firm/Company			
6359 Bellamalfi St						
			Address			
Boca Raton, FL, 33496 City/State and Zip Code esouchon@hotmail.com						
		_	to be used for future annual report notifica	tion	,	•
For further i	nformation co	oncerning this matter, please ca	·	wi <i>on)</i>	7 *.	: • >
		meering this maker, please ca			1	
Eduardo S			513 560-8419 at ()		,	,
	Name of	Person	Area Code Daytime To	elephone Number	-	
Enclosed is	a check for th	e following amount:			•	
\$25.00 1	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 Sta Certified Copy (additional copy is en	tus &	,

MAILING ADDRESS:

TO:

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

Multicultural Food Consulting LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	06/26/2019	and assigned
Florida document numberL19000168421	··		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)		· · · · · · · · · · · · · · · ·
			69 €± 5-67
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			(J -)
			· ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>ent</u>	er the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
	· · · · · · · · · · · · · · · · · · ·	, Florida	
	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, <u>enter the title, name, and address of each person being a or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CGC FOOD TECHNOLOGY		□ Add
		4471 N FEDERAL HIGHWAY	■ Remove
		#411 LIGHTHOUSE POINT, FL	Remove
		33064	Change
			□ Remove
		- · · · · · · · · · · · · · · · · · · ·	☐ Change
			
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D. Íf ame	ding any other in	nformation, enter ch	ange(s) here:	(Attach additiona	al sheets, if necessa	ry.)
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Note:	If the date inserted i	nan the date of filing date must be specific and in this block does not m on the Department of St	leet the applicable	date of filing or more e statutory filing re	(optional than 90 days after filing equirements, this date	l) g.) Pursuant to 605.0207 (3 e will not be listed as th
If the rec (b) The	ord specifies a c 90th day after t	lelayed effective da he record is filed.	ate, but not a	n effective tim	ie, at 12:01 a.m.	. on the earlier of:
Dated _	October 7th	,	2019			
		Ode de	Seda			
		Signature of a m	tember or authoriz	ed representative of	a member	
	Eduardo Souc	hon				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00