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| | COVER LETTER |
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| Registration Se | |
| Division of Cor | ROCKET Food Company LLC |
| 5- | Name of Limited Liability Company |
| The enclosed Articles of . | Amendment and fee(s) are submitted for filing. |
| Please return all correspo | ndence concerning this matter to the following: |
| | MARCO CELLO |
| | Name of Person |
| | ROCKET Food Conpany LC Firm/Company |
| | 18501 Pines BLUD Suite 201 |
| | PETBROKE Pines FL 33029 City/State and Zip Code |
| | E-mil address: (to be used for future annual report notification) |
| For further information co | oncerning this matter, please call: |
| | Person at (786) 925 1050 Area Code Daytime Telephone Number |
| Name of | Person Area Code Daytime Telephone Number |
| Enclosed is a check for th | e following amount: |
| 3 \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | |
| Division of Co | orporations Division of Corporations |
| D O Dov 622 | 7 The Centre of Tallahaceae |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | * ⊕>=> ,, |
|--|---|
| ROCKET FOO | d Company LLC 277 31 AND 1: |
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on O7 09 2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| | ELLO FOOD LLC |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 18501 Pines Blup Suite 201 |
| (Principal office address MUST BE A STREET ADDRESS) | Pen Beoke Pines FL 33029 |
| 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 here: | 18501 Pines BLUD SUITE 201 Penbroke Pines FL 33029 ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | Florida City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Σφ cou |
| hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office accompany has been notified in writing of this change. | performance of my duties, and I am familiar with and rowided for in Chapter 605, F.S. Or, if this document is |

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 |
|--------------|-------------|--------------|----------------|
| | | - | □ Add |
| | | | □Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: |
| f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed. |
| Dated July 20 2020 |
| Signature of a member or authorized epresentative of a member MARCO CEUO |
| Typed or printed name of signee |

Filing Fee: \$25.00