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ONVISION OF CORPORATION OF 11

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COVER LETTER

	sistration Sec ision of Corp				
SUBJECT:	WACHULA	FOOD LLC			
	-	Name of Lir	nited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		TEJ KUMAR KARKI			
			Name of Person		
		WACHULA FOOD LLC	Table of Cross		
			Firm/Company		
		4693 LATHLOA LOOP	, ,		
		··· <u> </u>	Address		
		LAKELAND FL 33811			
			City/State and Zip Code		
		pronoypadder@gmail.com	•		
		E-mail address: (to be used for future annual report not	fication)	<u>D</u>
For further in	formation con	cerning this matter, please c			SE OR 715101
PRONOY PA			863 254-9031 at ()		H 20 PER
	Name of P	erson	Area Code Daytim	e Telephone Number	0 500 COST
Enclosed is a	check for the	following amount:			ORAN ORAN
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	1.1 Libric

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

WACHULA FOOD LLC				
(Name of the Lim	(A Florida Limited	any as it now appears on Liability Company)	put records,)	
The Articles of Organization for this Limited I	_iability Company	were filed on 08/23/2	019	and assigned
Florida document number L19000216426				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited list	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	ation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	cable:	1144 E MEMORIAI	BI.VD	
(Principal office address MUST BE A STREE	ET ADDRESS)		·	
		LAKELAND FL 338	301	
Enter new mailing address, if applicable:		1144 E MEMORIAL	.BLVD	&
(Mailing address MAY BE A POST OFFICE	BOX)			
		LAKELAND FL 338	301	
				
B. If amending the registered agent and registered agent and/or the new registered of	/or registered o.	Mee address on our	records, enter th	e name of the new
The state of the s	met aumess nei	<u>c</u> .		<u> ထ</u>
Name of New Registered Agent:	PRONOY PAI	ODER		
New Registered Office Address:	1144 E MEMO	RIAL BLVD		
		Enter Florida str	eet address	
	LAKELAND		, Florida 3380	<u>l</u>
		City		Zıp 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

Page 1 of 3

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

- --

Title	<u>Name</u>	Address	Type of Action
MGR	TEJ KUMAR KARKI	4693 LATHLOA LOOP	
			□ Rетюче
		LAKELAND, FL 33811	
			Change
			☐ Remove
			□ Change
			
			Change
			C Remove
			☐ Change
			☐ Remove
			□ Change
			☐ Remove
		<u> </u>	Change

N/A	i, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
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<u>.</u>	
	
ective date, if other than the date	09/16/2019
effective date is listed, the date must be sr	specific and cannot be prior to date of filing or more than 90 days after filing.) Programs to 605.00
e: If the date inserted in this block dument's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be listed i
•	
record specifies a delayed effi	ective date, but not an effective time, at 12:01 a.m. on the earlier
he 90th day after the record i	is filed.
C	
September 16	2019
\odot	
- Ang	ature of a member or authorized representative of a member
(2) Signal	active of a memory of audiorized representative 01 a member

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Filing Fee: \$25.00