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COVER LETTER

TO: Registration Se Division of Co				
	DESIGNS, LLC		ج	
SUBJECT:	Name of Lim	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	COMIN ON INTERPRETATION	
Please return all correspondent	ondence concerning this matter	to the following:		
	VILMAR DEPAULA BOI			
		Name of Person		
	VICALEX DESIGNS, LL	С		
		Firm/Company		
		Address		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	lication)	
For further information of	concerning this matter, please c	all:		
VILMAR DEPAULA B	ORGES	772 260.6152		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address:	tion	
Division of C		Registration Sec Division of Cor		
P.O. Box 6327		The Centre of T	allahassee	
Tallahassee,	FL 32314	2415 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 May 15 VICALEX DESIGNS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/12/2019}{1}$ Florida document number L19000230613 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VICALEX FOOD SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC, or the abbreviation "L.L.C., 7550 PRUITT, RESEARCH CENTER RD Enter new principal offices address, if applicable: FORT PIERCE, FL 34945 (Principal office address MUST BE A STREET ADDRESS) 1740 SE PORT ST LUCIE BLVD Enter new mailing address, if applicable: PORT ST LUCIE, FL 34952 (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: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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
			□Change
			□Add
			□Remove
			□Add
			□Remove
			
			□Add
			□Remove
			□Change
			Remove
			Change
			□ Add
			Remove
			FIChance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (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 xb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated_ 2020

VILMAR DEPAULA BORGES

Typed or printed name of signee

Filing Fee: \$25.00