3/6/24, 11:53 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000088879 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANZ DISTRIBUTORS LLC



Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Helping - 7 2044

To: , Page: 3 of 5 2024-03-06 17:39:54 GMT 13053284774 From: Yanet Avila

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANZ DISTRIBUTORS LLC		
(Name of the Limited Liability Comp (A Forida Limited	pany as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number 1.20000045787	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company bere:	
FRANZ FOODS LLC		
The new name must be distinguishable and contain the words "Limited Lial	cility Company," the designation "LLC" or t	he abbreythirm "L."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SSS T
		S.E.F. 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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.

To:

______ CIRemove

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 □Remove ______ Change **C**Remove □ Change □Remove □Remove □ Change

					· · · · · · · · · · · · · · · · · · ·		
			······································	· · · · · · · · · · · · · · · · · · ·	······································		
		• • • • • • • • • • • • • • • • • • • •					
							
			.	·			
							
	··-						
		,,					
							 -
							
							
Note: If the	ite, if other than that is listed, the date a date inserted in this effective date on the	block does not	meet the applicable	date of filing or r le statutory filir	(op- note than 90 days at ag requirements, t	otional) der filing.) Persuant this date will not b	to 605 020' re listed as
e record spec nt is filed.	ifies a delayed effec	tive date, but no	ot an effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
Dated	03/06		. 2024				
_		Signature of a	member or authory	red representativ	e of a member		