Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000150035 3)))



H200001500353ABCQ

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 : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: anthonypetralia@gmail

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRALIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Monu

Corporate Filing Menu

Help Y SULKER MAY 21 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRALIA,L					
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appoint thity Company	ears on our records." ()			
The Articles of Organization for this Limited Liability Company we Florida document number <u>L20000119923</u>	ere filed on _	MAY 4, 2020		and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company	here:			
TRALIA FOOD PROVISIONS LLC					
The new name must be distinguishable and contain the words "Limited Liability	Company," th	e designation "LLC"	or the abbrev:	ation "L.i	C."
Enter new principal offices address, if applicable:				*****	
(Principal office address MUST BE A STREET ADDRESS)					
- -	••••		T.C.	2020	
Enter new mailing address, if applicable:			<u></u>	3=	:]
(Mailing address MAY BE A POST OFFICE BOX)			` .	720	
•			· - ,	E]
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on out	r records, <u>enter t</u>	he name of	thenew	registe
			5.	9	
Name of New Registered Agent:			····		
New Registered Office Address:	Essar I	Tonda street address			·
	2	. // (041) 4 040 // 1144			

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.

2020-0E-20 12:16 CDT - +19416251526

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>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	ANTHONY S. PETRALIA	1680 RIVAL TERRACE	□ Add
		NORTH PORT, FL 34286	□ Remove
•			□Add
			Remove
			□ Change
···········			□Add
			□Remove
			□Change
			□Add
			[]]Remove
			Change
			□Add
			□ Remove
			[] Change
			□Add
			DRemove
			Change

n amenong an	v other information, ento	a change(s) acre. (2000	ion anarama smoto.	ij nasosau y.)	
***					_
					-
	······································				-
,					•••
					-
					
					_
					
···					

··········					
					
Note: if the date	if other than the date of is listed, the date must be specify r inserted in this block does cuve date on the Departmen	not meet the applicable so	of filing or more than 90 di aturory filling requireme	_(optional) ays after filing) Pursuant to 6 nts, this date will not be li	505 0207 isted as
ne record specifies and is filed.	s a delayed effective date, bu	nt not an effective time, at	12.01 a.m. on the earlie	er of: (b) - The 90th day a	iter the
Dated	MAY 20	- 2000	o		
	Signature	o: a member of authorized r	epresentative of a member	r	
		ANTHONY S PE	-TRALIA		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Typed or printed nam			

Filing Fee: \$25.00