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HOMETOWN FOOD & MEAT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NEERAV SANGANI Name of Person HOMETOWN FOOD & MEAT LLC Firm/Company 2137 E ORANGE AVE, SUITE C Address EUSTIS,FL-32726 City/State and Zip Code NEERAVSAN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NEERAV SANGANI Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section **Division of Corporations**

TO ARTICLES OF ORGANIZATION OF

HOMETOWN FOOD & MEAT LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited E	iability Company)	<u></u> ,	
The Articles of Organization for this Limited Liability Company vi Florida document number L20000158542	were filed on JUNE 09,2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
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:		7.07	
(Principal office address MUST BE A STREET ADDRESS)			
		5	
		2	
Enter new mailing address, if applicable:	address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new reg	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street addres.	Enter Florida street address , Florida	
	. Flo		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I 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 provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	SANJAY C PATEL	2730 MAYWOOD ST,EUSTIS,FL-32726	■Add
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Typed or printed name of signee