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21 JUL 19 PM 1: 21

COVER LETTER

SUBJECT:	\mathcal{G}	ierman JTrect	Food UL	
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
		Daniela K Name of Person	amp	
	BIFECT: German JTreet Food UC Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Daniela Keamp Name of Person German Jtreet Food UC Name of Person German Jtreet Food UC Name of Person January Steel Food January Steel Food January German Jtreet Food UC Name of Person January Steel Food January Steel			
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		ST Augusta To	<u>ე</u> 1096	
	E-mail address: (Geman sheet food to be used for future annual re	2020 (A) PHAN port notification)	l.can_
For further information	n concerning this matter, please ca	all:		
Nam	Gudo livamo	at (<u>434</u>) Area Code	723-8679 Daytime Telepho	ne Number
Enclosed is a check fo	r the following amount:			
□ \$25,00 Filing Fee		Certified Copy		Certificate of Status &
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P.O. Box 6	327			
Tallahassee	e, FL 32314	2415 N. l	Monroe Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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(Nume of the Limited Lighlity Com	man street Food (()			
(A Florida Limited	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed onO7/17/7070 and assigned	ed		
Florida document number <u>L 20000 25 1440</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C.			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
maning data cas many many and an arrangement				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new re	gister		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agen	•			
" "		e. # - #		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and complete				

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.

D. Waw D

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:

AMBR = A	nanager authorized Member		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
<u>Title</u>	<u>Name</u>	Address	21 JUL 19 PM 1:21	Type of Action
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	Sign	nature of a member or a	uthorized representa	tive of a member	7		