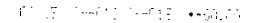
L21000019337

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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T. MATTHEWS

	ation Section n of Corporations	
Ma SUBJECT:	ster Food Lab LLC	
3010 EC 1	Name of Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Michael Alfaro	
	Name of Person	
	Master Food Lab	
	Finn/Company	
	7287 NW 78th Terr	
	Address	
	Medley, FL 33166	
	City/State and Zip Code	
	Michael@Masterfoodslab.com E-mail address: (to be used for future annual report notification)	
For further infor	mation concerning this matter, please call:	
Michael Alfaro	305 878-5601 at ()	
	Name of Person Area Code Daytime Telephone Number	•
Enclosed is a cho	cck for the following amount:	
□ \$25.00 Filin	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc	itus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Master Food Lab, LLC	22	<u>) F'' F ' 12</u> ; G	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records Liability Company)	3	
The Articles of Organization for this Limited Liability Company Florida document number L21000019337	were filed on 01/01/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7287 NW 78th Terr		
(Principal office address MUST BE A STREET ADDRESS)	Medley, FL 33166		
	7287 NW 78th Terr		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	Medley, FL 33166		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, an	d I am familiar with and	

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.

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 Action
MGR	S&S Bakers LLC	3215 NW 7th Street	□Add
		Miami, FL 33125	■Remove
			
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
		 	□Remove
			Change

				
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<u> </u>				
				
				
				
ffective date, if other than the date an effective date is listed, the date must be spoot to the date inserted in this block document's effective date on the Departm	oes not meet the applic	cable statutory filing	(option re than 90 days after fil requirements, this d	al) ng.) Pursuant to 605.0207 ate will not be listed as
record specifies a delayed effective date. I is filed.	, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
March 9th XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2022	·		
Mishael Bha Signat	ture of a member or auth	orized representative	of a member	