1210000 81307

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 6/10/21 |

Office Use Only



700364905747 RECEIVED

APR 2 6 2021

04/27/21--01009--015 **25.00

COVER LETTER

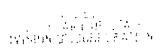
| | Division of Cor | | | • | * |
|-----------------|----------------------------|--|---|-----------------------------|--|
| erib ied | | FOODS LLC | | | · |
| SUBJEC | CT: | Name of Lim | ited Liability Company | | _ |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | | |
| | | BRUNO MEDINA | | | |
| | | | Name of Person | | |
| | | DOBLE H FOODS LLC | | | |
| | Name of Person | | | | |
| | | 8010 CORKFIELD AVE | | | |
| | | | Address | | © \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ORLANDO FL 32832 | | | |
| | | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | | <u>—</u> |
| | | | | | _ |
| 0 1 | | | | sort notification) | |
| For furth | er information of | concerning this matter, please c | all: | | |
| BRUNO | | | | | |
| | Name c | of Person | Area Code | Daytime Telephone Num | ber |
| Enclosed | l is a check for t | he following amount: | | | |
| ■ \$25 . | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | Certifi ed) Certifi | icate of Status & lied Copy |
| | Mailing Addre | | Street Add | | |
| | Registration Division of C | | _ | ion Section of Corporations | |
| | P.O. Box 632 | - | | re of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 26 PM 3: 14

DOBLE H FOODS LLC

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

| The Articles of Organization for this Limited Liability | Company were filed on FEBRUAR | Y 17, 2021 and assigned |
|---|--|---|
| Florida document number L21000081307 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company." the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | Fice address on our records, enter the name of the new registered Enter Florida street address |
| <u> </u> | | , Florida |
| | 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| or removed from our records: MGR = Manager AMBR = Authorized Member | | Address 21 APR 26 PM 3: 14 | |
|---|---------------------|----------------------------|-----------------|
| <u>Title</u> | Name | Address 21 APR 26 PM 3 | Type of Action |
| AMBR | BRUNO E MEDINA | 8010 CORKFIELD AVE | = Add |
| | | ORLANDO FL 32832 | □Remove |
| | | | □Change |
| MGR | MGR CLAUDIA V LAZZO | 8010 CORKFIELD AVE | □Add |
| | | ORLANDO FL 32832 | Remove |
| | | | ≡ Change |
| | | | |
| | | | Remove |
| | | ******* | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | []Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | information, enter change(s | | 21 APR 26 | PH 3: 14 |
|--|------------------------------------|--|--|--|
| | | | | |
| <u></u> | | | | |
| | | | | |
| <u>-</u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | ···· | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u></u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | | | |
| ffective date, if other | than the date of filing: | | (optional) | |
| an effective date is listed, the Sote: If the date inserted | than the date of filing: | e prior to date of filing or mo applicable statutory filing | e than 90 days after filing.) Purs requirements, this date will | uant to 605,0207 (not be listed as t |
| record specifies a delaye d is filed. | d effective date, but not an effec | tive time, at 12:01 a.m. or | n the earlier of: (b) The 90t | h day after the |
| APRIL 19 | 2021 | · | | |
| | | | | |

Typed or printed name of signee