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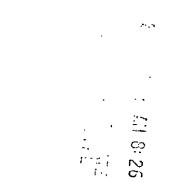
(Requestor's Name) (Address)
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18. HUNT (5/0//24

COVER LÉTTER

TO:

Registration Section Division of Corporations

SUBJECT:	ITCSE.	AFOOD LLC		
		nited Liability Company		
	Amendment and fee(s) are sul	_		
		Name of Person		
	KG	FINANCIAL SERVICES LL	С	
		Firm/Company		
	6.	209 FLAGFISH COURT		
		Address		
	LA.	KEWOOD RANCH, FL 3420	2	
	INFOKGFI	City/State and Zip Code NANCIALSERVICES@GM	AUL COM	·.
		to be used for future annual repo		1
For further information co	oncerning this matter, please c	all:	,	. a 29
GUSTAVO	O OMANA	954 274-8		ි. හු
Name o	Person	Area Code D	raytime Telephone Number (**)	 ∕.;
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy)	Status & y
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	orporations	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITCSEAFOO		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on or ed Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L-21000122264		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
ITC SOUTH SERVICES		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designati	on "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)		
		
		ය. ව
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 registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Change

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Signature of a member or authorized representative of a member	nted	ABRIL, 26	. 2.024		# 50	sto	
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