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(Re	equestor's Name)	
(Ac	ddress)	····
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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					Courier

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for tiling.		
Please return all correspo	ndence concerning this matter t	o the following:		
	CARLOS F CERQUERA			
		Name of Person		
Name of Person CP FRESH AND FROZEN LLC Firm/Company 621 NW 53 RD ST SUFFE 125 Address BOCA RATON, FLORIDA 33487 City/State and Zip Code CF@AFOSAC.PE E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS F CERQUERA Name of Person Area Code S255.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section				
		rare submitted for tiling. Is matter to the following: DUERA Name of Person FROZEN LLC Firm/Company F SUFFE 125 Address FLORIDA 33487 City/State and Zip Code address: (to be used for future annual report notification) please call: at (
	621 NW 53 RD ST SUITE	125		
	Address			
	BOCA RATON, FLORIDA	X 33487		
		City/State and Zip Code		
	CF@AFOSAC.PE			
	E-mail address: ()	o be used for future annual report not	ification)	
For further information of	concerning this matter, please ea	all:		
CARLOS F CERQUER	Α		-	
Name 6	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy	
Registration		Registration S		
P.O. Box 63	-		=	
Tallahassee,		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CP FRESH AND FROZEN LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our i Liability Company)	<u>ecoras.</u>)		
The Articles of Organization for this Limited L Florida document number 1.21000201253	iability Company	were filed on 04/30/2021		_ and as	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
CBF International Food LLC	_				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "I	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		621 NW 53 rd St			
		Suite 125		~	
(Principal office data ess 5100) 152 705 (Kiza	21 1122 1122	Boca Raton FL 33487		121	
					-
The state of the second control of the secon		621 NW 53 rd St		5	
Enter new mailing address, if applicable:		Suite 125			
(Mailing address MAY BE A POST OFFICE	<u>. B(JX)</u>	Boca Raton FL 33487		<u>ن</u>	
				<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records,	enter the name	of the no	<u>w registe</u>
Name of New Registered Agent:					
New Registered Office Address:	621 NW 53rd St, Suite 125 Enter Florida street address				
	Boca Raton		, Florida <u>3348</u>	.7	
		City		Zip Cod	ť

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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change
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Page 2 of 3

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Affective date, if other than fan effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet t	he applicable statu	iling or more than 90 c tory filing requireme	(optional) fays after filing.) Pursuents, this date will no	ant to 605.0 of be listed
e record specifies a dela The 90th day after the	yed effective date, record is filed.	but not an eff	ective time, at 1	2:01 a.m. on th	e earlie
Dated November 23,		21			
/5/	CARCUS Signature of a memb	F CE	RQUERA esentative of a member	er	
,					

Page 3 of 3

Filing Fee: \$25.00