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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SEDUL FODD MARK	ET UC
Name of Limited Liabilit	y Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
ANGELA EN	c of Person
SEDUL FOR	MARKET UC
1270 N. WIC	kham Rd ST 16-#814
MELBOURNE, K	1 32935 - 8301 e and Zip Code
SEOUL FOOD MI E-mail address: (to be used for	OF future annual report notification)
For further information concerning this matter, please call:	
ANGELA EMPRAS at 1	305) 410-5080 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	2071
Certificate of Status Cer	00 Fiting Fee & S60.00 Fiting Fee, tified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>ou mare</u>	KEL W	
(<u>Name of the Limited Lia</u> (A Flo	<u>bility Company as it now</u> rida Limited Liability Con	appears on our records.) ipany)	
The Articles of Organization for this Limited Liabilit	y Company were filed 3 <u>0</u> .32	on <u>5113121</u>	and assigned
This amendment is submitted to amend the following	<u>:</u>		
A. If amending name, enter the new name of the	end the following: ew name of the limited liability company here: contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ss, if applicable: EA STREET ADDRESS) Company Company		
The new name must be distinguishable and contain the words "	Limited Liability Company	"the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		8 SARNU RC),
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>)	1270	N. WICKHA	m ROST 16-8
B. If amending the registered agent and/or registe agent and/or the new registered office address her		our records, enter the n	- P
Name of New Registered Agent:	NGELA EY	mars	
New Registered Office Address:		UCHAM RO	ST 16-814
<u>u</u>	ELBOURNE Cuy	, Florida	32935 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

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ective date, if other than t effective date is listed, the date is te: If the date inserted in this	nust be specific and cannot be	applicable statutory filing	e than 90 days aft	
unem serrective date on the	rive data, but not an affac	tive time, at 12:01 a.m. or	the earlier of:	(b) The 90th day after
cord specifies a delayed effects filed. ed (12) Decemb				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00