L21000419859

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·





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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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LORIDA FOOI	O AND GAS L.L.C	-, -,	_
	· · ·		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Secti Division of Corpo			
SURJECT:	FloRIDA For	of Liability Company	L.C
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Rul	Name of Person)
		Name of Person	
	FLORINA	Firm/Company	6.6.0
		• -	
	6431	RENWICK CIR	
		,	
	TAM	Da FZ 33 64.	7
	Romeyha E-mail address: (to	City/State and Zip Code Grand. Cor o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca		
Romey Name of	BESEISO Person	at (80) 759- Area Code Daytime	2715 Felephone Number
13 1 3' shools for the	tollowing amount:		
Enclosed is a check for the ☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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

Florida Food Am	DCA-5	6.60	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appeability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company world document number	were filed on _		and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	lity company	<u>here</u> :	
		· · · · · · · · · · · · · · · · · · ·	-th adapta MI 1 C V
he new name must be distinguishable and contain the words "Limited Liability	ty Company," the	designation "LLC or the	aboreviation c.c.c.
Enter new principal offices address, if applicable:	- 47 PG	oy W. Th	EPPNELL ROMD A 73566
Principul office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6431 TA	Renwick mpa h	37647
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on ou	records, enter the na	ame of the new registered
Name of New Registered Agent: New Registered Office Address: 643	omey 31 E	BESEISO EN WICK C,	iè C le
<i></i>	Ampa	, Florida	77647 Zip Code
 -	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 Type of Action Address Title | <u>Name</u> GREEN MARGIN LCC 831 S. MCCLEUMO ST CADD MGR SAT Lake city UTDH XIRemove ___ Change Romey BESEISO 4704 W. TRAPNELL PORTALIO PLANT CITY FL 33566. Remove _____ Change ______ [] Add □Remove _____ Change Remove _____ □Change

Trective date, if other than the date of filing:		other information, enter change(s) here: (Attach additional sheets, if necessary.)
Frective date, if other than the date of filing:		
Frective date, if other than the date of filing:		
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. And Alexander Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00