Note: Please print this page and use it as a cover sheet. Type (shown below) on the top and bottom of all pages of the document.

(((H22000072110 3)))



H220000721103ABCP

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 : (407)992-9407 Fax Number

\*\*Enter the email address for this business entity to be used for future,  $\sim$ annual report mailings. Enter only one email address please.\*\*

Email	Address:_	 		 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONFIDENCE FOODS LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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## **COVER LETTER**

H220000721103

SUBJECT:	Confidence Foods LLC
3000001.	Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	M : 00
	Maria C Sousa
	Name of Person
	Sousa & Associates Inc
	Firm/Company
	5728 Major Blvd Ste 309
	Address
	Orlando , FL 32819
	City/State and Zip Code
	info@sousaacc.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Maria C Sou	sa 407 \$00-7028
	at ()  Name of Person  Area Code Daytime Telephone Number

H22 0000 722203

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## ARTICLES OF AMENDMENT HQQ 0000 701203 TO ARTICLES OF ORGANIZATION OF

(Name of the Limb	ted Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)		-	
The Articles of Organization for this Limited L	iability Company v	vere filed on 10/2	6/2021	-	and ass	igned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liabil	ity company her	<u>e</u> :			
Tylord Foods LLC						
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the des	signation "LLC" or the	abbre	viation "L.	L.C."
Enter new principal offices address, if appli		circle, Unit 164, O				
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	8600 Commodity	circle, Unit 164, O	riando	FL 3281	, 
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a ess <u>here</u> :	ddress on our re	cords, <u>enter the n</u>	ame c	of the ne	w regis
Name of New Registered Agent:	Sousa & Assoc			-	577	<u> </u>
New Registered Office Address:	5728 Major Blve	d Ste 309				r
INCW NEGINICION OTHER PROGRESS.	Orlando El	Enter Flori	da strect address		-:	
	Orlando, FL	City	, Florida	<u> </u>	Zip Code	
		City				

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

1/990000 197703

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	WIN CAPITAL PARTNERS COR	15719 SIGNATURE DR	□Add
		WINTER GARDEN, FL 34787	≣Remove
			□Change
<del></del>			□Add
			□Remove
			□ Change
			🖸 Add
			🖸 Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			DAdd
			☐ Remove
			Change
			□Add
			Remove
			[] Change

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H220000721203

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an off Note:	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	February 23 2022
	Signature of a member or authorized representative of a member
	DUX US LLC
	Typed or printed name of signee

H220000721103