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| (1 | Requestor's Name) | |
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| (1 | City/State/Zip/Phone #) | |
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| PICK-UP | MAIT | MAIL |
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| (1 | Business Entity Name) | |
| | | |
| | Desument Number | |
| (| Document Number) | |
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| Certified Copies | Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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Y SULKER FEB 15 2022 FLORIDA CAPITAL COURIER SERVICES, INC, 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

| | 000160 AMOUNT: 25.00 |
|--|---|
| AXO FOODS LLC L22000011796 | els full |
| | iment Number, (if known): |
| | |
| | |
| Walk in | Pick up time |
| | |
| Mail out | Will wait |
| Photocopy | |
| | |
| Certified Copy of Articles of Organization | |
| | |
| Certificate of Status | |
| NEW CHINGS | AMMENDMENTS |
| NEW FILINGS | AMMENDMENTS |
| Profit | _X_Amendment |
| Not for Profit | Resignation of R.A. Officer/Director Change of Registered Agent |
| Limited Liability Domestication | Dissolution/Withdrawal |
| Other | Merger |
| CORP | Conversion |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS |
| Annual Report | Foreign filing |
| St. C. Ar | Limited Partnership |
| Fictitious Name | Reinstatement Statement of Revocation of Dissolution |
| APOSTIL (_)_ | Other |
| Country | |
| | |

COVER LETTER

TO:

| TO: | Registration Sec Division of Corp | | |
|----------------|---|--|--|
| eud (E | AXO FOOE | OS LLC | |
| SUBJE | CI: | Name of Lim | ited Liability Company |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. |
| Please r | eturn all correspoi | ndence concerning this matter | to the following: |
| | | MARTIN E DELLOCA | |
| | | | Name of Person |
| | | MDELL CONSULTING O | CORP |
| | | | Firm/Company |
| | | 848 BRICKELL AVE ST | E 1130 |
| | | | Address |
| | | MIAMI, FL, 33131 | |
| | | | City/State and Zip Code |
| | | MDELLOCA@MDELLCO | NSULTING.COM to be used for future annual report notification) |
| For furt | her information co | n-main address. (| |
| | | shooting this mater, prease co | |
| MAHI | N E DELLOCA | | 305 607 3493 at () |
| | Name of | Person | Area Code Daytime Telephone Number |
| Enclose | d is a check for th | e following amount: | |
| ■ \$2 <i>5</i> | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, I | Section orporations 7 | 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

| AXO FOODS LLC | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liab</u> (A Flor | ility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L22000011796 | Company were filed on 01/11/2022 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| he new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADI | DRESS) | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| 3. If amending the registered agent and/or register agent and/or the new registered office address here | | ne name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flor | :.l |
| | , FIOT | ida 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.

meDilOca

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 |
|--------------|-------------------|------------------|----------------|
| MGR | MIA BIZ GROUP LLC | 60 SW 13TH ST | □Add |
| | | APT 4006 | ■ Remove |
| | | MIAMI, FL, 33130 | □Change |
| MGR | DARIO SAMANIEGO | 60 SW 13TH ST | ■Add |
| | | APT 4006 | □ Remove |
| | | MIAMI, FL, 33130 | □Change |
| | | | |
| | | | □Remove |
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| ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo locument's effective date on the De | ck does not meet th | e applicable statu | filing or more than 9 story filing require | (optional) Days after filing.) Pursinents, this date will r | nant to 605.0207 (ot be listed as t |
| record specifies a delayed effective d is filed. | date, but not an eff | ective time, at 12 | 1:01 a.m. on the ear | lier of: (b) The 90th | day after the |
| | 202 | :2 | | | |
| 14th February Pated | · | · | | | |
| | Signature of a membe | ne Dell'O. | | | |