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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CSEDIE FOOD VIMINA L.C. 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:	
Dark all Johnson Name of Person	
CREDIE FORD VERDING UC	
2240 Roosevelt Street	
Hollywood Florida 33020 E	,
For further information concerning this matter, please call:	٠ا
For further information concerning this matter, please call:	
Anna Dans at (504) 388 1972 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status 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

CREDIO FOOD VONDE (Name of the Limited Liability Compa (A Florida Limited	any as it how appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 22000 299/	were filed on July 05,20	Dand assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the 22 40 Ropse Let Hux	e abbreviation "L.L.C + SHRUL IDA 330	1+ 020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2240 Roosevult Holly abod H.	SHRQ9 33020	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new r	registered
Name of New Registered Agent:		7 2 · ·	1.3
New Registered Office Address:	Enter Florida strvet address		rareg
	Florida	- Haras	
	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 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
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			□Change
AMBK	HAND JUNE ON	Holy wood Pl 330	GAdd
		Holly wood H 350	ДО □Remove
			□Add
			¬Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of f e: If the date inserted in this block does not meet the applicable statut iment's effective date on the Department of State's records.		
filed.	(01 a.m. on the earlier of; (b) The 90th day af	er th
d November 10, 2002		
Signature of a member or anthorized repre	econtative of a member	
Signature of a member opationazed repr		