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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:\_  ${\mathbb Z}$  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOVEN FOODS LLC

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DEC 11 2023

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOVEN FOODS LLC			
(Name at the Limit	d Liability Como: (A Florida Limited	ny sa it now appraise on ear records.) Liability Company)	
The Articles of Organization for this Limited Li. Florida document number L22000517212	ability Company	were filed on 12/09/2022 and assigned	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lish	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3951 ADRA AVE	
(Principal office address MUST BE A STREET ADDRESS)		DORAL FL 33178	
	·		
Euter new mailing address, if applicable:		3951 ADRA AVE	
(Mailing address MAY BE A POST OFFICE BOX)		DORAL FL 33178	
agent and/or the new registered office address	<u>here</u> :	ddress on our records, enter the name of the new registered	
Name of New Registered Agent:	FEDERICO A FELIX SANTANA		
New Registered Office Address:	3951 ADRA AVE		
	2021	Enter Florida street address	
	DORAL	City Sto Code	
New Registered Agent's Signature, if changing Re	reistered Agent:	City Zip Code	
provisions of all statutes relative to the propet accept the obligations of my position as regist	r and complete per and complete per as per a	to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability	

## 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

Title	Name	Address	Type of Action
AMBR	FEDERICO A FELIX SANTANA	3951 ADRA AVE, DORAL FL 33178	BAdd
			□ Remove
			Change
AMBR	ALICIA Y DIAZ	3951 ADRA AVE, DORAL FL 33178	□ Add
			□ Remove
			≅ Change
	***		
			□ Remove
			Change
		□Add	
			Remove
			☐ Change
			□Remove
			☐ Change
			□A6d
			Remove
			Change

N	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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<b>-</b>	
יווסטווס בווי	date, if other than the date of filing:  or 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 605.01  be date inserted in this block does not most the profit by the date of filing or more than 90 days after filing.)
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
	s encent of the Department of State's records.
ecord sn	ecifies a delevand effective day. Aux mass a security of
is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	10
ted	CEMBER  2023
	11 (1011)
,	Signature of a member or authorized representative of a member

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