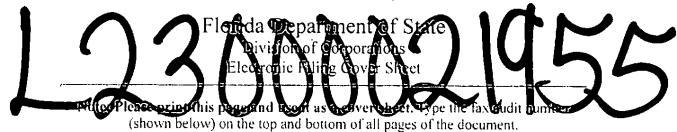
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6/18/24, 12:27 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084

Phone Fax Number

: (305)527-6617 : (786)713-1940

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

Email Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GD FOODS LLC**

Certificate of Status	0
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M. SOLOMON

JUN 18 2024

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Help

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	GD FOODS				
(Name of the lamited Lia (A Flo	bility Company orda Limited Lu	ay It now appears on our bility Company)	records;)	**************************************	
The Articles of Organization for this Limited Liability Florida document number <u>L23000021955</u>	y Company w	ore filed on 01/10/2023		ind assigned	
This amendment is submitted to amend the following	<b>;</b> :				
A. If amending name, enter the new name of the l	imited liabili	ty company here:			
The new name must be distinguishable and contain the words "I	Limited Liability	Company " the designation	"LLC" or the abbrevis	tion "L.L.C."	
Enter new principal offices address, if applicable:	• •	14334 BISCAYNE BLV		24 J	<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	NORTH MIAMI, FL 3	3181	72	□ / //// / / / / / / / / / / / / / / /
-	•			တ	, < <u> </u>
Enter new intiling address, if applicable:		14334 BISGAYNE BLV	CIN	PK -:	ું - ડ્રે
(Mailing address MAY BE A POST OFFICE BOX)	<b>)</b> .	NORTH MIAMI, FL 3	3181	<u></u>	-517 -517 -2
B. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent:  RC	<u>re</u> ;	ldress on our records, NATIONAL LLC	enter the name of t	he new regist	<u>tered</u>
	334 BISCAYN	Œ BLVD			_
New Registered Office Address:		Enter Florida street	address		
Ж.	DRTH MIAM!		_, Florida 33181		
		City.	2)	T Cede	<u></u> .
New Registered Agent's Signature, if changing Regist	ered 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 heing 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

## H24000211728 3

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
AMBR	DURAN, GASTON OSCAR	14334 BISCAYNE BLVD	□ Add
		NORTH MIAMI, FL 33181	
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**:**..

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If amending any other information, enter change(s) here: (Atta	
	<u>.</u>
	<u> </u>
rective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of the lift the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 1 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
t.	
d JUNE 7TH 2024	
Signature of a meader or authorized re	presentative of a member