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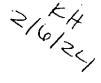
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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	K2B FOODS	S, LLC		
SUBJECT.		Name of Limi	ted Liability Company	
			-	
		Palaniappan Periyakaruppa	n	
			Name of Person	
		K2B FOODS, LLC		
		•	Firm/Company	
		17503 Preserve Walk Lane	, Ste B,	
			Address	<u> </u>
	Tampa, FL 33647 City/State and Zip Code peri@goldenclusters.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Periyakaruppan			
			Mame of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: Illaniappan Periyakaruppan Name of Person 2B FOODS, LLC Firm/Company 7503 Preserve Walk Lane, Ste B, Address ampa, FL 33647 City/State and Zip Code i@goldenelusters.com E-mail address: (to be used for future annual report notification) ning this matter, please call: at (
		E-mail address: (t	o be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	11:	
Palaniappan	Periyakarupp	an		
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Re	•	ection	Registration Se	
	D. Box 6327	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now annears an our resource	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/21/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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
AMBR	Satish Ravoor	3609 Everett Dr	■Add
		Rochester Hills, MI 48307	□Remove
			□ Change
AMBR Sara	Saravanan Kumaresan	16325 SW Black Bird St	■ Add
		Beaverton, OR 97007	□ Remove
AMBR	Sankaran Mariappan	2348 246th Ave SE	= Add
		Sammamish, WA 98075	□ Remove
			☐ Change
			□ Add
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record specifies a delayed effective d is filed.	date, but not an	effective time	e, at 12:01 a.m.	on the earlier	of: (b) The 90t	h day after the
January 10 Dated		2024				
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	-					
<u> </u>	Signature of a mer	nhor or authoric	red representative	e of a mambar		

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