



Office Use Only





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2024 APR -2 PH 4: 12

COVER LETTER

TO:

Registration Section

Division of Cor	rporations		•	
	LITY FOODS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mark Luciani, EA			
		Name of Person		
	Consulting Solutions Inc			
		Firm/Company	-	
	300 SE 2nd ST - STE 600			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Fort Lauderdale FL 3330	i		
		City/State and Zip Code		
	mluciani@cs-tax.com	to be used for future annual report not	ification	
For further information of	concerning this matter, please c	·		
	, , , , , , , , , , , , , , , , ,	954 942-2838		
Mark Luciani		at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 1 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	rporations Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOSPITALITY FOODS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L24000066382	were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)		2024
		7.70 TO 7.71
		r>
nter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	e name of the new regis
New Registered Office Address:	Enter Florida street address	
	, Florio	
	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
CEO	ALICANDRI, CLAUDIO	335 SOUTH BISCAYNE BLVD APT 3304	□Add
		MIAMI, FL 33131	≣Remove
			Change
			□Add
			Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: 02/05/2024 (optional)				
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Signature of a member or authorized representative of a member	Dated MARCH 20	2024		
Signature of a member or authorized representative of a member	M	D.		
	Mach C	ignature of a member or authoriz	ed representative of a mer	nber
MARK LUCIANI		~	•	

Filing Fee: \$25.00