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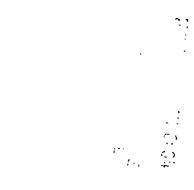
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CRPREMIUMBEEF LLC SUBJECT: 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: Luis Guzman Name of Person CRPREMIUMBEEF LLC Firm/Company 626 N Alafaya Trail Ste 206 #3004 Address Orlando, FL 32828 City/State and Zip Code LGUZMAN@CRPREMIUMBEEF.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SERGIO RODRIGUEZ 936-4307 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco	ords.)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/19/2024	and assigned
florida document number 1.24000278447		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
CR PREMIUM BEEF LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		••.•
Principal office address MUST BE A STREET ADDRESS)		. · ·
<u> </u>		
Enter new mailing address, if applicable:		· :
Mailing address MAY BE A POST OFFICE BOX)		5)
351110510111055000		10, 4-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	F	lorida
	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>	Name	Address	Type of Action
СЕО	SERGIO RODIRGUEZ	1160 N CHICKASAW TRAIL	□Add
		ORLANDO, FL 32825	Remove
			——— ■Change
CEO	LUIS GUZMAN	10113 SILMARIEN ST	■Add
		ORLANDO, FL 32825	□Remove
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			Remove
			Change
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	er than the date of a line that the date must be specified in this block does ate on the Department	nor meet the albumeath	ate of filing or more than 90 da statutory filing requirement	(optional) The system of th	Pursuant to 605.020 will not be listed a
ecord specifies a dela is filed.	ayed effective date, bu	t not an effective time,	at 12:01 a.m. on the earlies	r of: (b) The	: 90th day after th
JULY 22ND		2024			
icu) [/F			

Filing Fee: \$25.00