

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ALADDIN FOOD MANAGEMENT SERVICES, LLC OF WHEELING, W

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2018 JUN 11 PM 3:14

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

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18 JUN 11 AM 9:05

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 12 2018

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Aladdin Food Management Services, LLC of Wheeling, WV
2. The Florida document number of this limited liability company is: ML07000004750
3. Jurisdiction of its organization: West Virginia
4. Date authorized to do business in Florida: 08/07/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Aladdin Food Management Services, LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robert A. Schreck

Signature of the authorized representative

Robert Schreck

Typed or printed name of signee

Filing Fee: \$25.00

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State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that*

originals of the Articles of Amendment to the Articles of Organization of
ALADDIN FOOD MANAGEMENT SERVICES, LLC OF WHEELING, WV
are filed in my office, signed and verified, as required by the provisions of West Virginia Code
§31B-2-204 and conform to law. Therefore, I issue this

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

changing the name of the limited liability company to

ALADDIN FOOD MANAGEMENT SERVICES, LLC

and I attach to this certificate a duplicate original of the Articles of Amendment.



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
January 10, 2018*

Mac Warner

Secretary of State

Stamper

WEST VIRGINIA
ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION
Form LLD-2
Rev. 11/2017



FILED

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-1381
Website: www.wvsoa.gov

JAN 10 2018

FILE ONE ORIGINAL
(Two if you want a filed
stamped copy returned to you)
FEE: \$25.00

IN THE OFFICE OF
WV SECRETARY OF STATE

**** In accordance with §31B-2-204 of the Code of West Virginia, the undersigned organization ****
adopts the following Articles of Amendment to its Articles of Organization:

1. The name of the organization is: Aladdin Food Management Services, LLC of Wheeling, WV
2. Date of filing original Articles of Organization with the WV Secretary of State: 10/30/2003

3. Change of Name Information or Text of Amendment:

Change of Name From: Aladdin Food Management Services, LLC of Wheeling, WV

To: Aladdin Food Management Services, LLC

Other amendment(s) (attach additional pages to this application, if necessary)

4. Contact name and number of person to reach in case of a problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there is a problem with the document.)

Name: Sean Welsh

Phone: 704-424-1071

Business e-mail address, if any: _____

5. Signature (See below *Important Legal Notice Regarding Signature):

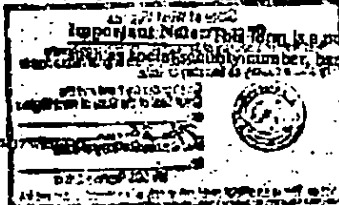
Signature

Date

Treasurer

Capacity in which he/she is signing
(example: President, Chairman, etc.)

*Important Legal Notice Regarding Signature: Per West Virginia Code §31B-2-209, Liability for false statement in filed record. If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.



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