## M13000000516

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Q√...

Office Use Only



000244488390

HAR 1 5 2013



ACCOUNT NO. : 12000000195						
REFERENCE : 570727 4328334						
AUTHORIZATION: Spulla de man						
COST LIMIT : \$ 25.00						
ORDER DATE: March 14, 2013						
ORDER TIME : 2:59 PM						
ORDER NO. : 570727-005						
CUSTOMER NO: 4328334						
DOMESTIC AMENDMENT FILING						
NAME: K4 FOODS, LLC						
EFFECTIVE DATE:						
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER'S INITIALS:						

## **COVER LETTER**

TO:	Registration Division of	Section Corporations		
		ods, LLC		
SUBJ	JECT:	Name of Foreign	Limited Liability Comp	anv
		Name of Poteign	Ellined Elabinity Comp.	arry
Dear	Sir or Madam:			
		avit by Foreign Limite s) and fee(s) are subm	ed Liability Company to aitted for filing.	Change Manager(s) or
Pleaso	e return all cor	respondence concerni	ng this matter to the foll	owing:
Haris	sh Chopra			
**********		Name of Person	* ***	
K4 F	oods, LLC			
		Firm/Company		
524 l	sland Cove			
		Address		
Bould	der City, NV 8	39005		
	(	City/State and Zip Coo	de	
hcho	pra@kasifoo	ds.com		
Ĭ	3-mail address	: (to be used for future	e annual report notificati	on)
For fu	irther informat	ion concerning this m	atter, please call:	
	l Sutton	_	619 525-3815	
	Name of	Person at (	Area Code and Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	osed is a check Filing Fee	for the following an ☐ \$30 Filing Fee & Certificate of Status	nount:  355.00 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compar Department of State is: K4 Foods, LLC	ny as it appears on the records of the Florida	
2. This entity was formed under the laws o		
3. This entity was authorized to transact buand its Florida document/registration numb	usiness in Florida on January 24, 2013 per is M13000000516	<del>-</del> -
4. The name and address of each manager	or managing member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Mgr.	Harish K. Chopra 524 Island Cove Boulder City, NV 89005	- - -
		- - -
		- - -
		SE
		FARY CONTRACT
		OF STATE REPORATIONS
Required Signature: Harry Signature of Manager	K Choles , Managing Member or Member	

Filing Fee: \$25