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A. BUTLER JAN 11 2023

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: STOP) (A	S Famus Cookir Name of Limi	n LLC	
	Name of Emil	ned Ziaomiy Company	
The enclosed Articles of	Amendmen and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Calamate	Idans	
	<u> </u>	Jungan Name of Person	
		Firnt/Company	
	4707 E	Freward Avenue	
	1	City/State and Zip Code	
	1	MJ370@9mu] Com to be used for future annual report not	
For further information c	concerning this matter, please of		incanon)
Sommer of	tohman	at (561) 351- Area Code Daytin	2040
Name c	of Person	Area Code Dayon	le Tetephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Gertificate 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 04/3/2006 and assigned Florida document number 1 066000 76410 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A I Johrson (Car) (25)
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4707 Ede 400 Avenus Enter new principal offices address, if applicable: FORT MYCS, FL 33 916 (Principal office address MUST BE A STREET ADDRESS) 4202 Edge wood Avenuz Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. 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: Fort mores Florida 33916

City Zup 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 <u>or removed</u>	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of	each person being added
MGR = N $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
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ted 12-12		2022			
	Signate	ure of a member or authorize	ed representative of a mem	ber	
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Filing Fee: \$25.00