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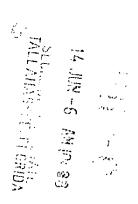
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COVER LETTER

TO: Registration Section Division of Corporation			
Gobel I	Flakes, LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Dale T. Gobe	el	
-		Name of Person	
	Gobel Flakes	s, LLC	
		Firm/Company	
	189 South Ora	ange Avenue, Sui	te 1430
•		Address	
	Orlando, Flor	rida 32801	
		City/State and Zip Code	
0	dgobel@gobelflake E-mail address: (to	S.COM be used for future annual report notif	fication)
For further information conce	erning this matter, please cal	II:	
Dale T. Gobe	el	at (407) 758-5	636
Name of Per	rson	Area Code Daytime	e Telephone Number
Enclosed is a check for the fo	ollowing 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 Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gobel Flakes, LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) oility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L0900068695</u>	ere filed on 07.16.2009	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
The new name must be distinguishable and end with the words "Limited Liability	y 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)			
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 here:	ce address on our records, enter	the name	of the new
Name of New Registered Agent:	· .	Z // −	
New Registered Office Address:			**
New Registered Office Address.	Enter Florida street address , Florida	500 do	neg Sag mag sag mag s mag sag mag sag mag sa m
	Ciņ ^y	, Zip Cöde	• •
New Registered Agent's Signature, if changing Registered Agent:			Combanian The Administration
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or,	familiar wi , if this doc	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

	authorized Member	Addware	Type of Action
<u>Title</u> MGR	Name Valencia Percy Flakes	Address 189 South Orange Avenue, Suite 1430	
		Orlando, Florida 32801	□ Add = Remove
			_
			□ Add
			□ Remove
		·	□ Add
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. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or fried date and cannot be more than 90 days after
Dated June 5	2014
	WAY!
Dale T. Gobel	ember or authorized epresentative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECTION 10 WIN 68