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| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL 15

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Smack + Zoe, LLC 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: |
| Alison Pandelos Name of Person |
| Grom-i+ Firm/Company |
| 2425 S. Atlantic Ave. #107 |
| Daytona Bch Pt. 32118 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee, Certificate of Status &\Bigcup Certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF O | KUANIZATION | · / · |
|--|--|----------------------|
| OI | F 20 | 14 AMII:27 |
| | 2016 JIII | . <i>SU</i> |
| Smack + Zor | e LLC Stra | 14 Au. |
| (Name of the Limited Liability Compan | ny as it now appears on our records. JALLA ETAR | 7/1/1:27 |
| (A Florida Limited Li | iability Company) | EFOF SIA |
| The Articles of Organization for this Limited Liability Company v | were filed on May 16, 2011 at | nd assigned |
| Florida document number <u>L 1000057293</u> | The state of the s | 6 ,7 <u>/</u> |
| Florida document number L 0000 512 13 | | |
| This amendment is submitted to amend the following: | | |
| _ | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| Gram-it,110 | 1 | |
| The new name must be distinguishable and contain the words "Limited Liability | ity Company," the designation "LLC" or the abbreviati | ion "L.L.C." |
| Enternancia de la Cina de Ilação de Cambiachia. | | |
| Enter new principal offices address, if applicable: | - 1/0 | |
| (Principal office address MUST BE A STREET ADDRESS) | N/A | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Λ / Λ | . |
| (Matting utilitiess MAT DE ATOST OFFICE BOX) | —————————————————————————————————————— | |
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| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | iame of the new |
| registered agent and/or the new registered office address here | | |
| | \cdot \cdot \cdot \cdot \cdot | |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | , | |
| | Enter Florida street address | |
| | . Florida | |
| | | o 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

or removed from our records:

| MGR = Manager AMBR = Authorized Member | | | FILED | |
|---|-------------|----------------|--|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | 2016 JUL 14 AV. | Type of Action |
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| Effective date, if other than the date | e of filing: (optional) |
| Note: If the date inserted in this block of | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 does not meet the applicable statutory filing requirements, this date will not be listed as |
| document's effective date on the Depart | iment of State's records. |
| | |
| The 90th day after the record | fective date, but not an effective time, at 12:01 a.m. on the earlier of is filed. |
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| Dated | 2016 |
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| 29. C | nature of a member or authorized representative of a member |
| , Signi | nature of a member of authorized representative of a member |
| Nic | ck E. Pandelos |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00