Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDIBLES CLERMONT, LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration S Division of Co			•
SUBJECT: EDIBLES	CLERMONT, LLC	•	
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are sub-		
·	Sally Landback		
		Name of Person	
	Edible Arrangements Intern	national, LLC	
		Firm/Company	
	95 Burnes Road		
		Address	:
	Wallingford, CT 06492		
•		City/State and Zip Code	
	slandback@edible.com	o be used for future annual report notificat	(A)
For further information of	concerning this matter, please or	•	iedy
Name	of Person	at (slephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee	□\$30.00 Filing Pee & 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

EDIBLES CLERMONT, LLC			
(Name of the Limited i	Jability Company as it now Florida Limited Liability Con	oppens)	
The Articles of Organization for this Limited Lia	bility Company were filed	on December 9, 2011	and assigned
Florida document number <u>L11000138963</u>	 -		
This amendment is submitted to amend the follow	wing:		•
A. If amending name, enter the new name of i	he fimited liability compa	ny here:	
EDIBLES 394, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applical	ble:	·	
Principal office address MUST BE A STREET	ADDRESS)		· · · · · · · · · · · · · · · · · · ·
			·
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE B	<u> </u>		·
B. If amending the registered agent and/or registered agent and/or the new registered offi		s on our records, enter th	o name of the new
Name of New Registered Agent:	CT CORPORATION	SYSTEM	<u>. </u>
New Registered Office Address:	1200 South Pine	Island Road	•
Transferribles Allia (1941)		Enter Florida street addr	:55
•	Plantation	, Florida 33	324
	City		Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:		
I nereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and complete perform tred agent as provided for gistered office address, 1.1 ange.	nance of my duties, and I am in Chapter 608, F.S. Or, if	n familiar with and This document is ted liability

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VICE PRESIDENT

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager .
MGRM = Managing Member Title Name Address Type of Action EDIBLES, LLC **MGRM** 95 Barnes Road Wallingford, CT 06492 Remove Kamran Farid MGR 44 Bardon Court Cheshire, CT 06410 Remove

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FILED

. If a mos	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
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_{ed} Ju	ne 182013 . Q
•	
	Signature of a member or entitorized representative of a member
	Edibles, LLC by Kamran Farid, authorized signatory
	Typed or printed name of signee

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Filing Fee: \$25.00