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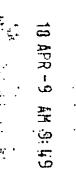
(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Freshco, LL			
30131	<u></u>		ted Liability Company	-
The en	closed Articles of /	Amendment and fec(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Jack B. Owen, Jr., Esquire		
			Name of Person	
		Jack B. Owen, Jr., P.A.		
			Firm/Company	··
		4500 PGA Blvd., Suite 200)	
			Address	·····
		Palm Beach Gardens, Flori	ida 33418	
			City/State and Zip Code	
		jowen@owenlaw.net	to be used for future annual report not	18 41 1
For fu	rther information co	oncerning this matter, please ca	·	псацон
Jack F	3. Owen, Jr., Esquir	re	561 622-4521	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	25.00 Filing Fee	□ \$30.00 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

Freshco, LLC.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record. Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number 1.12000161353	ompany were filed on 12/26/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Ocean Sunrise FC, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		7;
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
<u></u>		orida
	City	Zip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			
			□ Remove
			□ Change
			Add
			☐ Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	Pursuant t vill not b	o 605,020 e listed c	07 (3)(b as th e
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of (b) The 90th day after the record is filed.	on the e	arlier (of:
Dated March 19, 2018.			
Dated March 19, 2018. Signature of a member or authorized representative of a member		_	

Page 3 of 3

Filing Fee: \$25.00