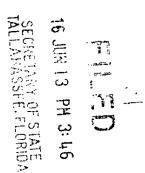
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(Requ	estor's Name)
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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	MAIL.	
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J. WARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5+0	C'S SNACKS Name of Lim	SHACK LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CUNTY	Name of Person	
		ACESHACK LLC Firm/Company	······································
	1341 RIDE	EWOOD AVE Address	
	Harryth	City/State and Zip Code	
	SOVER TOS (E-mail address:	CFL . RR. com to be used for future annual report notifi	fication)
For further information c	oncerning this matter, please co	all:	
CU Name o	T KP45K (at (<u>38-6</u>) <u>(82</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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

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**

Name of the Limit	ackshack LLC ed Liability Company as it now appear	ars on our records)	
(.vane of the Linn)	(A Florida Limited Liability Company)	ns off our records.	
The Articles of Organization for this Limited L		01-27-2014	_ and assigned
Florida document number 44000145	20	·	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company h	iere:	
The new name must be distinguishable and contain the v	ords "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		· •
		مد، همو [۱] احد دند	
		かだ。 (A) (A)	· w
Enter new mailing address, if applicable:		<u>লে</u>	7
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	는 <u>연</u> 물	<u>မှ မှ မြှေ</u>
		10.4	
B. If amending the registered agent and registered agent and/or the new registered or		n our records, <u>enter th</u>	e name of the ne
Name of New Registered Agent:	Clinton Kraski		
New Registered Office Address:	1341 RIDEGWE Enter Flo	DD AVS prida street address	
	Clinton Kraski 1341 RIDGENE Enter Flo HOUYHILL	, Florida <u> </u>	2//7
New Registered Agent's Signature, if changing I	~··,		Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	John Danio	1341 Zidgewood ave	
		Holly Hill A 32117	Remove
			Change
			Add
	•		Remove
			Change
			Add
			Remove
			Change
			□ Remove
			ACC Change
			□Add: □Add: □Add: □Acd:
			Change
			□ Remove
			□ Change

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ective date, if other effective date is listed, te: If the date inserte ument's effective date	the date must be spec d in this block doe	eific and cannot be s not meet the a	e prior to date of applicable statu	filing or more that	n 90 days after fili	ing.) Pursuan		
record specifies a he 90th day afte			ut not an eff	ective time,	at 12:01 a.n	m. o成the CREI	NUL 6	97
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00