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I ALBRITTON

COVER LETTER

TO: Registration Secti Division of Corpo	rations		
SUBJECT:	Deep Blown Name of Lim	ited Liability Company	Picklicks LLC
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond		-	
	Scc	Name of Person	in .
	<u>Derp</u>	Blue MAI'IL	e piedvets
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For further information cond			
Sco IT /	E Bolden	at (<u>727)</u> Area Code Dayti	272 - 5568
		,	·
Enclosed is a check for the f	_	50.00 500 500 500 500 500 500 500 500 500	5 640 00 000
□ \$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

Deep Ave	MALINE	puchets,	UC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou liability Company)	<u>ir records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on/	127/214	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	i <u>lity company here</u> :	N/A	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	9 711-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		····	ن رخ ل
			726
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter th	e name of the new
Name of New Registered Agent:	\mathcal{N}/\mathcal{I}	7	
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	
	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 = Manager AMBR = Authorized Member Type of Action Address Title <u>Name</u> MGR Scott F Gilden 735 Wesley Ave. Thyson Spings Add ☐ Remove __ Change □ Add ☐ Remove _____ Change ☐ Add ☐ Remove _____ Change □ Add ____ Remove ____ Change _____ ☐ Remove ____ Change □ Add

☐ Remove

☐ Change

Effective date, if other than the date of filing: ### CFF - 19 (optional) (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.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Dated ###################################		A/I_{Λ}
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Dated 4-08-19 X YMMU Signature of a member or authorized representative of a member	the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
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Filing Fee: \$25.00