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COVER LETTER

Agincourt Industries, LLC SUBJECT: Plame 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: Alexandris Hill Name of Person Maple Street Biscuit Company Firm/Company 340 Corporate Way, Suite 300 Address Orange Park, Florida 32073 City/State and Zip Code Alex@maplestreetbiscuits.com E-mail address: (to be used for fiture annual report potification)
Please return all correspondence concerning this matter to the following: Alexandria Hill Name of Person Maple Street Biscuit Company Firm/Company 340 Corporate Way, Suite 300 Address Orange Park, Florida 32073 City/State and Zip Code Alex@maplestreetbiscuits.com E-mail address: (to be used for future annual report notification)
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Alex@maplestreetbiscuits.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
, , ,
For further information concerning this matter, please call:
Alexandria Hill 904 554-7344
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$ Certificate of Status 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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vere filed on April 17, 2014 LANACOLL and assigned
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y Company," the designation "LLC" or the abbreviation "L.L.C."
ice address on our records, enter the pame of the n
Enter Florida street additess
, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment us 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 60%, 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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u> Name</u>	Address	Type of Action
VP	Marc Milot	340 Corporate Way, Suite 300, OP,	
		FL 3073	D Add
			Remove
			□ Change
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this by document's effective date on the D	TOOK GOES HOLDINGET THE WILL	icadie adminory nindo teom	(Optional) n 90 days after filing.) Pursuant to 605.0 irements, this date will not be listed
he record specifies a delayer The 90th day after the rec	d effective date, but n ord is filed.	ot an effective time,	at 12:01 a.m. on the earlier
November 4 Dated	2019		
Daved	na tha	11	
Scott Moore	Signature of a member of sun	horized representative of a mi	ember

Page 3 of 3

Filing Fee: \$25.00

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