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(Re	questor's Name	
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S. YOUNG

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	istration S ision of Co			7
SHRIFCT:	BERRY S	WEET, LLC	•	3
Sonsice.			nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are su	bmitted for filing.	
		W. KYLE THOMPSON		
			Name of Person	
Division of Corporations BERRY SWEET, LLC				
			Firm/Company	
		13 N. OAK AVE		
			Address	g. g: Person Impany SSS Zip Code IEAS TAC. COM ure annual report notification) 465-1111 Code Daytime Telephone Number Steet Address: Registration Section Division of Corporations
		LAKE PLACID, FL 3385	2	
			City/State and Zip Code	
		JOHN G	JOHNSTEPHENISTNE CO	2M
For further in	formation c			(ilication)
	Name o	r Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for il	ne following amount:		
■ \$25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy
			· · · · · · · · · · · · · · · · · · ·	
P.O.	Box 632	7	The Centre of	Tallahassee
Talla	ahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERRY SWEET, LLC				
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	DA SEP
The Articles of Organization for this Limited	Liability Company	y were filed on 5/8/2014	4	دى \ and assigned \
Florida document number L14000075365				
This amendment is submitted to amend the fo	llowing:			PH 4: 25
A. If amending name, enter the new name	of the limited liab	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	ition "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		4800 Summers Road		
(Principal office address MUST BE A STRE		Fort Meade, FL 3384	1	
Enter new mailing address, if applicable:		4800 Summers Road		
(Mailing address MAY BE A POST OFFICE BOX)		Fort Meade, FL 33841	l	
			···- · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ess here:	address on our record	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	JOHN A. STEP	HENS, JR.	·	
New Registered Office Address:	4800 SUMMER			
		Enter Florida stre	et address	
	FORT MEADE		, 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

Title	Name	Address	Type of Action
MGR	JASON CARLTON	565 NORTH RIDGE AVENUE	□Add
		LAKE ALFRED, FL 33850	· —
			☐ Change
	<u> </u>		□Add
			Remove
			Change
			□Add
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lf an effec <u>Note:</u> If	re date, if other than the date of filing: TULY 1, 2020 (optional) tive 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 6 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lint's effective date on the Department of State's records.	i05.0207 isted as
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at d.	ter the
Dated	GEPTENBEN 20, 2020.	
	1fty	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00