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2018 DEC 1 4 PM 4: 1



COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	ст:5т	RAWBERRY'S D	IESEL WORKS LLO ed Liability Company	
The enc	losed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please r	eturn all corresponde	ence concerning this matter to	the following:	
		JEFFREY	VEAGER_ Name of Person	
			Firm/Company	s LLC
		P.O Bo	× 625	
		ZELLWO	City/State and Zip Code Works@amail be used for future annual-report notificat	
	-	Sdiese E-mail address: (to	Works@amail be used for future annual report notificat	, Com
For furt	ner information conc	eerning this matter, please cal	l:	
	JEFFREY Name of Pe	YEAGER erson	at (352) 5.52 - 80 Area Code Daytime Te	176 Iephone Number
Enclose	d is a check for the f	Ollowing amount:		
∱⊠_\$ 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

STRAWBERRY	SDIESE	- Works	LLC		
(Name of the Limited I (A l	iability Compar Florida Limited L	ny as it now appears o Liability Company)	n our records.)		-
The Articles of Organization for this Limited Liabi Florida document number <u>L140001749</u> 7		were filed on	11/12/20	214 and a	assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabi	ility company here	:		
The new name must be distinguishable and contain the words	~/	14			
The new name must be distinguishable and contain the words	: "Limited Liabil	ity Company," the design	gnation "LLC" or	the abbreviation	L.L.C."
Enter new principal offices address, if applicable	e:			200 B	· · · · · · · · · · · · · · · · · · ·
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)	^	J/A	- F2 - F	>
				HASSEE	PPROV
Enter new mailing address, if applicable:			14	THE T	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	<u>~</u>	1,7	OR TAIL	
B. If amending the registered agent and/or registered agent and/or the new registered office	address here	2:		nter the nam	e of the new
Name of New Registered Agent:	JEF	FREY YEAG	i ER		
New Registered Office Address:	1597	30 CP 48 Enter Florida	street address		
_	As	TATULA		a 347	05
		City		Zip Cod	le

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHANNON YEAGIER	P.O. Box 625	🗆 Add
		ZELLWOOD, FL 32798	∠ Remove
			☐ Change
MGR	DOROTHY YEAGER	15930 CR 48	⊠ _Add
		ASTATULA, FL 34705	□ Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
		<u>/</u>	□ Add
			_□ Remove
			Change
			_□ Add
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		L AHAS	AP
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ective date, if other than the date of filing: 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.	

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Filing Fee: \$25.00