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SECRETARY OF STATE
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JUL 1 6 2015

S. YOUNG

COYER LETTER

Division of Corp	orations		
SUBJECT: 105	ALTY SNACKSUL.C.		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	John	001-0100	
		Name of Person	
	202	AITY SNALKSLL.C	
		PLTY SWACKSUL. C Firm/Company	
	4290 Gi	Afstream Dr	
		Address	事实 动
	A .c. ,	e. euro	三 三
	Ivaple	s , Ft , 34/12 City/State and Zip Code	
		be used for future annual report notific	
	E-mail address: (to	be used for future annual report notific	
For further information co	ncerning this matter, please cal	l:	100001 100001
John D	elapine	at (561) 222)	237
Name of	Person	at (<u>561</u>) 222) Area Code Daytime 7	Felephone Number
Enclosed is a check for the	e following 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

TO:

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

JOSALTY SNACKS L.L.C.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	(appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	on April 15, 2015 and assigned
Florida document number <u>L1500066397</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	on April 15, 2015 and assigned any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	第二章 · ·
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addr	ess on our records onter the name of the new
registered agent and/or the new registered office address here:	ess on our records, enter the maine of the nev
Name of New Registered Agent:	
New Registered Office Address:	
E)	nter Florida street address
	, Florida
City Nav Penister of Agent's Signature if changing Desister of Agent:	Zip Code

New Healistered Agent's Signature, it changing Healistered 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ashley Bessette	4290 Gulf Stream Or 14	1 (Add
		4290 Gulfstream Or 14 Naples fl 34112	Remove
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ffective da	te, if other than the dat	checitic and cannot be brion) Pursuant to 60:	5 (1711)
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