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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA FILED

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COVER LETTER

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| SUBJEC | | Granny's Fre | | | | |
| | | | | | | |
| The enclo | osed | Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please ret | turn | all correspond | dence concerning this matter | to the following: | | |
| | | | Barbara E. Buggs | | | |
| | | | | Name of Person | | |
| | | | | | | |
| | | | | | | |
| | | | 2815 Lipscomb Street | | | |
| | | | | | | |
| | | | Melbourne, FL 32901 | | | |
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| | | | grannysfreshseafoodnerabs | | | |
| For furthe | er in | formation cor | e-mail address: (| to be used for future annual report notificatiall: | 2021 MAY SECRET/ TALLAHA | П |
| Barbara E | E. B ı | uggs | | 321 213-5221 at () | AY I | |
| | | Name of I | Person | | ephone Number MY OF STA | ILED |
| Enclosed | is a | check for the | following amount: | | | |
| \$25.0 |)0 Fi | ling 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

| If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | Barbara E. Buggs 2815 Lipscomb Street | on our records, ente | |
|--|--|----------------------------|-----------------------|
| gistered agent and/or the new registered of New Registered Agent: | Barbara E. Buggs 2815 Lipscomb Street | | the mane of the |
| gistered agent and/or the new registered of New Registered Agent: | office address here: Barbara E. Buggs | on our records, ente | the rame of the |
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| <u> Iailing address MAY BE A POST OFFICE</u> | <u> </u> | | T T |
| nter new mailing address, if applicable: | | 2 | |
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| incipui office uduress MUSI DE ASTRE. | LI ADDRESS) | Ā | 2021 |
| rincipal office address MUST BE A STRE | · | | |
| nter new principal offices address, if appli | icable: | | |
| e new name must be distinguishable and contain the | words "Limited Liability Company," th | e designation "LLC" or the | abbreviation "L.L.C." |
| | | | |
| If amending name, enter the new name | of the limited liability company | here: | |
| nis amendment is submitted to amend the fol | llowing: | | |
| orida document number L16000100775 | , | | |
| | Liability Company were filed on | | and assigned |
| ne Articles of Organization for this Limited I | Tiebilia Commences Sted | May 10, 2016 | مسط معمنصيمط |
| ne Articles of Organization for this Limited I | | | |
| | nited Liability Company as it now app (A Florida Limited Liability Compan | y) | |

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.

hanging Registered Agent, Signature of New Registered Agen

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 | Barbara E. Buggs | PO Box 061386 | |
| | | Palm Bay, FL 32906 | Remove |
| | | | Change |
| MGR | Edith Edwards | 1698 Welland Street, | ■ Add |
| | | Palm Bay, FL 32909 | □ Remove |
| | , | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | ZECRETAL TALLAHAS |
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| document's | effective date on the | Department of S | State's record | S. | · | | | | |
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| | n day after the re | | | | · | | | | |
| May | 15 | | 2017 | | | | | | |
| Dated | | | , | <u> </u> | ~ . | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00