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SECRETARY OF STATE
ADMANANCE FI APPINA

D. SCOTT NOV 2 3 2016

COVER LETTER

TO: , Registration Se Division of Cor	ction porations	
Crazy Food	ls LLC	
SUBJECT:	Name of Lim	ited Liability Company
	Amendment and fee(s) are substandence concerning this matter	
	Ken Boggs	
		Name of Person
	Venturequest LLC	
		Firm/Company
	805 S Magnolia Avenue S	uite A
		Address
	Ocala, FL 34471	
•		City/State and Zip Code
	laurie@venturequestllc.com	to be used for future annual report notification)
For further information of	concerning this matter, please co	
Ken Boggs	oncerning this matter, picase of	252 261 0221 E.G.
Name o	f Person	at () Daytime Telephone Number 22
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee & Certificate of \$fatus & □ Certified Copy (additional copy is enclosed)
Regist Divisio	JING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crazy Foods LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 06/08/2016	and assigned
Florida document number L16000111061	.	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	<u> </u>	
(Principal office address MUST BE A STREET	ADDRESS)	
• .		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	er the name of the ne
Name of New Registered Agent:		PILL STATE
New Registered Office Address:		图。二四
•	Enter Florida street address	Signal Control
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCIS W LANDRY	2720 SE 28 ST	
		OCALA FL 34471	■ Remove
			Change
MGR	CARLOS SANCHEZ	4900 SW 46 CT	Add
		OCALA FL 34474	■ Remove
			Change
MGR _.	KEN BOGGS	4520 SE 35 PLACE	Add
٠.		OCALA FL 34480	Remove
			☐ Change
MGR	VENTUREQUEST LLC	805 S MAGNOLIA AVE	■ Add
		SUITE A	≧ S □ Remove
		OCALA FL 34471	NOV CHANGE E
			ORDER Remove
			□ Change
			Remove
		·	Change

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Signature of a member or authorized representative of a member			

Typed or printed name of signee

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Filing Fee: \$25.00