L16000119119

	(Requestor's Name)	
	(Address)	
	(Address)	
	(/.ca.rees)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u>.</u>	(Business Entity Name)	
	(Document Number)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer.	
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2022 OCT -- 6 PM 3: 25

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FS ROLLS, LLC				
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				Art of Inc. File
2			 	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
5.g				Vehicle Search
-				Driving Record
Requested by:				UCC or 3 File
Name	Date	Time		UCC 11 Search
INGHIC	Date	Limic		UCC II Retrieval
Walk-In Thom you're GA 6/00	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT -6 PH 12: 56

FS ROLLS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF SOUTH

_	mpany were filed on June 23, 2016 and assigned
Florida document number 1.16000119119	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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	Lynch, Deborah Anne	1000 Brickell Ave.,	□Add
-		Suite 300	
		Miami, FL 33131	☐ Change
MGR	Simpson, Kytřín David	1000 Brickell Ave	-
	·	Suite 300	Remove
		Miami, FL 33131	
			[]Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other an effective date is listed, tote: If the date inserte ocument's effective date	the date must be specific a d in this block does no	and cannot be prior to t meet the applica	o date of filing or mor ble statutory filing	(option than 90 days after requirements, this	filing.) Pursuant t	o 605.0207 e e listed as t
record specifies a delay is filed.	ed effective date, but r	not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day	after the
		2022	_ ·			
October 5 ated		Mal				

Filing Fee: \$25.00