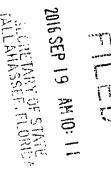
## 16000153859

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	,
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800290269888



16 SEP 19 PHD: 16

K.SALY EXAMINER SEP 20

*	7	
~ /		*

Wolters Kluwer (put in Sunshine Corp Box)

850-656-4724

Account FCA 000000 23

Entity Name: Doc Number:

Thank you! Please file and return plain copy (x) Profit () Amendment () Merger () Nonprofit ( ) Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Annual Report ( ) Other ()LLC () Name Registration () Fictitious Name () UCC ( ) Certified Copy ( ) Photocopies ( ) CUS Articles/Amends () Call When Ready () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out 9/15/2016 Order#: 10160545 Availability \_\_\_\_\_ Document Examiner \_\_\_\_ Ref#: Updater \_\_\_\_ Verifier \_\_\_\_\_ W.P. Verifier Amount: \$ \$ 25.00

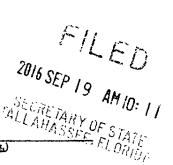
## **COVER LETTER**

Division of Cor			
SUBJECT: TLJL, L		ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kathy Manson		
		Name of Person	
	Link Snacks, I		Marketon and the second and the seco
		Firm/Company	
	110 North Fi	fth Street, Suite 700	
		Address	
	Minneapolis		
	V-al.1	City/State and Zip Code	
	E-mail address: (	ion@jacklinks.com to be used for future annual report notifi	cation)
or further information c	oncerning this matter, please ca	all:	
Kathy Manson		at ( <u>612</u> ) 334-749. Area Code Daytime	
Name o	r Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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 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



TLJL, LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) Florida document number L16000153859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LMB 2, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 991 East Sample Road Pompano Beach, FL 33064 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address , Florida City

## 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>	Name	Address	Type of Action
AMBR	Troy John Link	One Snack Food Way	□ Add
		Minong, WI 54859	<b>⊠</b> Remove
			Change
AMBR	Troy Link Revocable Trust	PO Box 579	⊠ Add
		Minong, WI 54859	□ Remove
			☐ Change
***************************************			Add Se .
			I Remove
			Change O
W-F			□ Add
			☐ Remove
			☐ Change
<del></del>	<del></del>		Add
			☐ Remove
		***************************************	Change
-			Add
			☐ Remove
			Change

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>			<del></del>
						<del>1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-</del>
						<del>,,,, , , , , , , , , , , , , , , , , ,</del>
			· · · · · · · · · · · · · · · · · · ·			
					* - E	JUB SEP
					4	19
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
	······································		·····			を見る
<del></del>						<u> </u>
						<b>E</b> C.
						<del></del>
						<del></del>
				·····		
					······································	
		<del></del>				
						·····
ective date, if other effective date is listed, the: If the date inserted ument's effective date	e date must be spec in this block doe	cific and cannot be parties and meet the app	rior to date of filing o clicable statutory fi	r more than 90 days a	otional) fler filing.) Pursuan this date will not	t to 605.0207 (3 be listed as th
record specifies a he 90th day after	delayed effecthe record is	tive date, but filed.	not an effective	e time, at 12:0	1 a.m. on the	earlier of:
ed <u>September 14</u>	<u> </u>	, 2016	·		•	
	athle	en M.	Wanar uthorized representat			
				· · · · · · · · · · · · · · · · · · ·		

Page 3 of 3

Filing Fee: \$25.00