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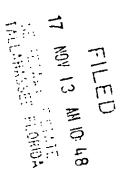
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	on Section f Corporations		
SUBJECT:	Galiant Pre	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Paul	Sorchy II Name of Person	
	Gour	YIC + PIED LIFE Firm/Company	
	1705	E Highway 50)
	Sort E-mail address:	City/State and Zip Code Chy Company (to be used for future annual report noti	aul, com
For further information	tion concerning this matter, please c	•	Treation)
Julia	ame of Person	at (407) 832 8 Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount: ee S30.00 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

(Name of the Limited I	Liability Company as it now appears on our records.)	
(Å)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number	1 '1	and assigned
This amendment is submitted to amend the following	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 words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florid	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
MER	Charles Williams	8940 Village Green Bluc	_ □ Add
		8940 Village Green Bluc Clermont, FL 34711	Remove
			Change
			🖸 Add
			□ Remove
			Change
			□ Add
			□ Remove
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			Add
			П Rетоve
			Change
			_□ Add
			_□ Remove
			Change
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			☐ Remove
			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the b). The 90th day after the record is filed.	earlier of:
Dated NDV Signature of a member or authorized representative of a member	<u>.</u>
Pow Sorchutt Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

GOURMET PREP LIFE, LLC

ASSIGNMENT OF MEMBERSHIP INTEREST

In consideration of Ten Dollars and no/100 (\$10.00) and other valuable consideration, receipt of which is hereby acknowledged, I hereby assign all of my membership interest in GOURMET PREP LIFE, LLC, a Florida limited liability company (the "LLC") evidenced by that certain Operating Agreement (the "Operating Agreement"), to the individual(s) named below, in the amount(s) provided opposite the name(s).

This assignment is made pursuant to the Operating Agreement.

<u>Name</u>

Membership Interest(s)

Paul C. Sorchy, II

50 Units (representing 100% of Charles P. Williams' membership interest)

This document may be executed in counterparts, including facsimile signature pages or electronic signatures, each of which shall for all purposes be deemed an original, and all of such counterparts will together constitute one and the same document.

Dated this 3 day of November, 2017.

Charles P. Williams

In consideration of transfer of the membership interest in GOURMET PREP LIFE, LLC, I hereby accept the assignment of the membership interest and agree to be bound by the terms and provisions of the Operating Agreement.

Pàul C. Sorchy, II

The undersigned, constituting all of the members of GOURMET PREP LIFE, LLC, a
Florida limited liability company, hereby consent to the Assignment provided for above pursuant to
the provisions of the Operating Agreement. Upon execution of this Assignment, the undersigned
acknowledge receipt of a duly executed and acknowledged counterpart of the instrument.
daily executed and acknowledged counterpart of the instrument.

Dated 11 /03 , 2017.

PAUL C. SORCHY, II, Member

CHARLES P. WILLIAMS, Member