

L16000185127

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DIVISION OF CORPORATIONS

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JUL 27 2017

**THE MUSHROOM GUY, INC. (the "Corporation")
CONSENT TO USE OF NAME**

The Mushroom Guy, Inc., a corporation organized under the laws of the State of Florida on September 16, 2014, hereby consents to the organization and the use of name of **The Mushroom Guy, LLC**, a limited liability company, in the State of Florida.

IN WITNESS WHEREOF, the said Corporation has caused this consent to be executed by and attested to by its President this 28 day of June, 2017.

ATTEST:

A handwritten signature in black ink, appearing to read 'W. Rouse', written over a horizontal line.

William W. Rouse, President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Treasure Coast Mushrooms, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly A. DiSabatino

Name of Person

MacElree Harvey, Ltd.

Firm/Company

17 W. Miner Street

Address

West Chester, PA 19382

City/State and Zip Code

jpepe3@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly A. DiSabatino

610

840-0234

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Treasure Coast Mushrooms, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/05/2016 and assigned Florida document number L-16000185127.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Mushroom Guy, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(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 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rafi Soofi-Siavash	609 Cope Road	<input type="checkbox"/> Add
		Kennett Square, PA 19346	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CONSUMER PROTECTION

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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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 6/29/17 2017

Signature of a member or authorized representative of a member

Jeffery D. Guest, Member

Typed or printed name of signee