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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGINCOURT INDUSTRIES LLC

Account Number : 120170000015

Phone : (304)252-4083 904-554-734L

Fax Number : (651)265-3109

Enall Address: MX OMAPlestrect biscuits. com

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MSBC GEORGIA, LLC

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D. SCOTT

OCT 1 1 2017

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSEC Georgia, LLC				
(Name of the Limited L.)	nbility Company as it now appears on our reco	erds)		
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on		and assign	ıed
This amendment is submitted to amend the followin	g;			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	I.C" or the ab	breviation "L.L.C	
Enter new principal offices address, if applicable	:	<u> </u>		
(Principal office address MUST BE A STREET A.	DORESS)	<u> </u>		
		<u> </u>		
Enter new mailing address, if applicable:		1		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our reco address here:	ords, enter	1.00 II	
New Registered Office Address:		<u> </u>	∵ o	<u></u>
	Enser Florida sweet ad	ldress 	<u> </u>	٠ اِ
-	Cit _é	.Florida _	Zip Cade	
New Registered Agent's Signuture, if changing Reg	istered Agent:		٧.	,
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the change in the change in the region of this change in the change in the region of this change in the change	and complete performance of my duties red agent as provided far in Chapter 6i 1stered office address, I hereby confirm	s¦ and 1 am 05, F.S. Or	jamuar wun , if this docun	ana ient is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

it le	<u>Nanje</u>	Address	Type of Action
MGR	Scott Moore Management, Inc.	25 North Market Street	
		Jacksonville, Morida	⊒ Remove
			□ Change
MGR	Agincourt Industries, LLC	25 North Market Street	■ Add
		Jacksonville, Florida	□ Remove
			□ Change
.			_ C: ∧dd
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	***************************************		☐ Add
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		<u></u>	☐ Change
	v	age 2 of 3	

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). If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if i	iecessary.)	
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	10/1/2017	1	
Note: If the date inserted it		optional) after filing) Purs s, this date will i	mant to 605.0207 (3) not be listed as the
If the record specifies a d (b) The 90th day after t	iclayed effective date, but not an effective time, at 12 the record is filed.	01 a.m. on t	he earlier of:
October 9	2017	₹,	23
Dated	10000	<u> </u>	<u> 패</u>
<u> </u>	Schamirchi amonbit or authorized representative of a member	A:	8 7
Scott Manner as	s Manager of Agincourt Industries, LLC (Sole Member of Entity)	SC	<u> </u>
	Typed or printed name of signee		
		۵.	<u>پ</u>
	Page 3 of 3	.ن	2
	Filing Fee: \$25.00		
	H 17000265776 3		
	<u>.</u> .		