L17000058233

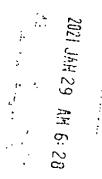
(R	(equestor's Name)	
(A	ddress)	-
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PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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O SIMMONS MAR 15 2021

COVER LETTER

TO:

	on Section f Corporations	•	
	WE C	OT SUDDITIES	UC
SUBJECT:		Limited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are :	submitted for filing	
		_	
Please return all con	rrespondence concerning this mat	ter to the following:	
	Radames Guzman		
		Name of Person	
		Firm/Company	·
		i une company	
	3418 SW Savona Blvd		·
		Address	
	Port Saint Lucie, Florid	a 34953	
		City/State and Zip Code	
	Rayboros21.rg@gmail.c		
	E-mail addres	ss: (to be used for future annual report not	ification)
For further informa	tion concerning this matter, pleas	e call:	
Stephanie Guzman		786 622-8750	
N	Jame of Person	at () Area Code Daytin	ne Telephone Number
		·	·
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	
	tion Section of Corporations	Registration Se Division of Co	
P.O. Box		The Centre of	-
	see, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF 2021 JAN 29 AH 6: 28

We Got Supplies [LC			
(Name of the Limite	d Liability Compa (A Florida Limited	ny as it now appears on Liability Company)	our records.)
ne Articles of Organization for this Limited Limited Limited Limited Limited document number L17000058233	ability Company	were filed on $\frac{03/14/2}{}$	2017 and assigned
his amendment is submitted to amend the follo	wing:		
If amending name, enter the new name of	the limited liab	ility company here:	
& S Xotic Snackz LLC			
ne new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ıble:	3418 SW Savona Bl	vd
Principal office address MUST BE A STREET ADDRESS)		Port Saint Lucie, FL	. 34953
nter new mailing address, if applicable:			
<u> Iailing address MAY BE A POST OFFICE I</u>	BOX)	3418 SW Savona Bl	vd
		Port Saint Lucie, FL	. Blvd
. If amending the registered agent and/or regent and/or the new registered office addres		address on our recor	rds, enter the name of the new regis
ent and of the new regions of			
Name of New Registered Agent:	Radames Guzza	180)	
New Registered Office Address:	3418 SW Savo	na Blvd	
The state of the s		Enter Florida s	street address
	Port Saint Luci	c	, Florida ³⁴⁹⁵³
		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>	Name	Address	2021 JAN 29 AH 6	Type of Action
MGR	Stephanie Guzman	3418 SW Savona Blvd		≣Adidi
		Port Saint Lucie, FL 349		□Remove
			-1	
				□Add
				Remove
				Change
				□Add
				🗆 Remove
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	2021 JAN 29 AH 6: 28
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	17 77 7
	
	
Note: If the date inserted in thi	the date of filing:
record specifies a delayed effed is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated 01-25	2021
	Signature of a member or authorized representative of a member