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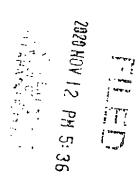




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TO: Registration S			
Division of Co	rporations	,	•
DB Salsa,		es. Or	
SUBJECT: .		ited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jessica Kovar		
	<u> </u>	Name of Person	
	Litwin Law, LLC		
		Firm/Company	
	200 N. LaSalle St., Suite 1	550	
	····	Address	
	Chicago, IL 60601		
		City/State and Zip Code	
	jessico @ in	to be used for future annual report noti	am
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	-
Jessica Kovar		312 741-1606 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre	55:	Street Address:	
Registration		Registration Sec	ction
Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DB Salsa, 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 _ Florida document number __L17000072170 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blonsky's Gourmet, 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: (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

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

DocuSign Envelope ID: F6365701-282E-42DE-9490-925D7E01D1A5 in amenoing Authorized reason(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□Remove
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prock does not meet the app	nor to date of filing or more to dicable statutory filing re	(optional) than 90 days after filing.) F quirements, this date w	fursuant to 605.0207 (ill not be listed as t
ecord specifies a delayed effective is filed.	date, but not an effective	e time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
ted October 21	. 2020	<u> </u>		
				-
Doub Flower				
David Flowdy	Signature of a member or au	athorized representative of a	n member	

Filing Fee: \$25.00