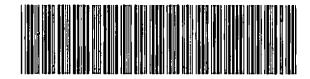
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HAR O 5 20.09 J. HARRIS

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: IVANSCENDING MEAUS 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:
Jenna Summers Name of Person
Transcending meals
1889 Old dixic Huy Apt 205
Vero Beach FL 30,900 City/State and Zip Code
Hans Cenain of Medis (a) 9m all. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JUNA SummerS at (813) 892 - 6552 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\subset}\$30.00 Filing Fee & \$\Bigcup \text{\$\subset}\$55.00 Filing Fee & \$\Bigcup \text{\$\subset}\$60.00 Filing Fee, \$\Bigcup \text{\$\center}\$ Certificate of Status & \$\Bigcup \text{\$\center}\$ (additional copy is enclosed) \$\Bigcup \text{\$\center}\$ 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 ARTICLES OF ORGANIZATION **OF**

Transcending	Meals, LL	-C
(<u>Name of the Limited Liability Comp</u> (A Florida Limyled	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 11000099393	were filed on $\frac{2}{2}$	O/i8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab RX DONUTS LLC The new name must be distinguishable and contain the words "Limited Liabi		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		35.6 2
(Principal office address MUST BE A STREET ADDRESS)		The same of the sa
		20 m
		ille 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		19 7.75
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our re <u>e</u> :	cords, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	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 agre	e to act in this canacity	I further garge to comply with the

Thereby 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 = M $AMBR = A$	lanager uthorized Member		
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Page 3 of 3

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