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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|---|
| SUBJECT: The | | Sakery and (ited Liability Company | afe LC |
| The enclosed Articles of A | amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | idence concerning this matter t | to the following: | |
| | Shelle | ey Taffe Name of Person | |
| | | Firm/Company | |
| | 1357 Ad | miral Woodso | nlane |
| | Cleanin | City/State and Zip Code | 55 |
| | Shelley E-mail address to | o be used for future annual report notif | fe · Com lication) |
| For further information co | ncerning this matter, please ca | ull: | |
| Shelley Sando of | Person | at (72-7) (641- Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| 回\$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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Scone Age Bakensano | Mate CCC |
|---|--|
| (Name of the Limited Liability Company as it now appea) (A Florida Limited Liability Company) | s on eutrecords.) 8 / 1 7: 39 |
| The Articles of Organization for this Limited Liability Company were filed on | 7/2.8/2017 and assigned |
| Tional document number <u>CL LODO (CL 2002</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company he UnRefined LLC (no space be twee The new name must be distinguishable and contain the words "Limited Liability Company," the desired the liability Company, "the desired liability Company," the desired liability Company, "the desired liability Company," | in Un'and Refined") |
| 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 ragent and/or the new registered office address here: | ecords, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | ida 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 provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in C being filed to merely reflect a change in the registered office address, I hereb | my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is |

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> | Type of Action |
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| <u> ote:</u> | tive date, if other than the date of filing: 2/1/2022 (optional) Tective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. |
| recor | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| | March 5 2022 |
| ated | |
| ated | |
| Dated | Signature of a member of authorized representative of a member |