## L17000167367

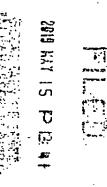
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

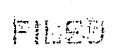
TO: Registration Section Division of Corporations	
SUBJECT: Ben's Power Bites LLC (A	Jow change to: JERK'D Jerky, LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.	0
Please return all correspondence concerning this matter to the following:	
Anh Thu Tran Name of Person	
Firm/Company	
1921 Salt Creek Drive	
Fleming Island FL 320 City/State and Zip Code  Jerk D Jerk ( a a mail  E-mail address: (10 be used far futury annual repo	. Com
For further information concerning this matter, please call:	,
Anh Thu Tran at (901) 64  Name of Person Area Code I	17 - 8020 Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee  ☐ \$30.00 Filing Fee & Certificate of Status  ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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. TO ARTICLES OF ORGANIZATION **OF**



Ben's Power Bites LIC 2018 HAY 15 PERI
Ben's Power Bites LLC 29H KAY 15 PERI  (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  FALLAMASSES FLOSEDA
The Articles of Organization for this Limited Liability Company were filed on 8717 and assigned Florida document number L 17000 67367
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Terk'D Jerky, LLC he new name must be distinguishable and contain the words "Eimited Liability Company," the designation "LLC" or the abbreviation "LLC."
he new name must be distinguishable and contain the words "Eimited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)
s. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida Zin Code
ew 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

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 = N $AMBR = A$	lanager Authorized Member	,			
<u>Title</u>	Name	N/A	Address	ı	Type of Action
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					Change
		<del></del>			Add
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`an effecti Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ated	April 9th 2019  Signature of a member or authorized representative of a member
	Anh Thu Tran

Page 3 of 3

Filing Fee: \$25.00