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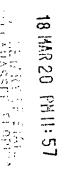
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Division of Corp	porations	·	
SUI	TWISTED	TOMATO LLC		ę
50,		Name of Limit	ted Liability Company	
The	enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Plea	ase return all correspon	ndence concerning this matter to	o the following:	
		MARK ESCOFFERY		
			Name of Person	
		MARK ESCOFFERY, P.A.		
			Firm/Company	
		8645 N. MILITARY TRAII	L, # 503	
			Address	
		PALM BEACH GARDENS	S, FLORIDA 33410	
			City/State and Zip Code	
		ESCOFFERYPA@GMAIL.		
		E-mail address: (to	be used for future annual report notifica	ation)
For	further information co	oncerning this matter, please cal	11:	
JEF	FF MILINES		561 612-9998 at ()	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enc	losed is a check for th	e 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 ADDRESS:

TO:

Registration Section

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

TWISTED TOMATO LLC			•
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on our reconted Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number L17000208058	Liability Comp	pany were filed on 10/9/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited	liability company here:	
PLANT BASED JUNKY, LLC			
The new name must be distinguishable and contain the	words "Limited l	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	***
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
			20 17
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		कु त
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address		ds, enter the name of the nev
New Registered Office Address:	N/A	Enter Florida street addr	P88
	•	_	
		, I City	F lorida 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 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
		 	Remove
			☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00