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COVER LETTER

Division of Corporations
SUBJECT: FOWILY FOOL MOUT LLC. 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:
Mitero No Enyew Name of Person
Firm/Company
6457 Fort caroline rd # 102
Jucksouville FL. 22277 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miteku N. Enyew at (904) 630-8016 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

T0:

Registration Section

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION 0 F

FOMILY FOOD MOST (Name of the Limited Liability Compar (A Florida Limited L	LLC v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIBDOOO7798</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	were filed on $03/27(2018)$ and assigned
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	20 East ath street
Enter new mailing address, if applicable:	20 east 9th st. Jacksonville FL. 32206
(Mailing address MAY BE A POST OFFICE BOX)	JOCKSONVIII #1.37206
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date must be specific and cannot be prior to date of fa: If the date inserted in this block does not meet the applicable statut ument's effective date on the Department of State's records.			
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d <u>4/04/2013</u> ,			
Signature of a member or authorized repre			

Page 3 of 3

Filing Fee: \$25.00