## H8000129202

(1	Requestor's Name)	
(,	Address)	
	Address)	
((	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Div	ision of Corp	porations		
	Big Pete's P	eanut Butter Factory, LLC	\$1	
SUBJECT:		Name of Limit	ed Liability Company	
Please return	all correspon	ndence concerning this matter t	o the following:	
		Peter Bowlus		
			Name of Person	
		Big Pete's Peanut Butter Fa	ctory, LLC	
			Firm/Company	
		517 Green Spring Cir		
			Address	
		Winter Springs, FL 32708		
			City/State and Zip Code	
				(ioution)
For further i	information c			incanon)
		,,		
		f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for the	he following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				etion
				=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Pete's Peanut Butter Factory, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. liability Company)	)
The Articles of Organization for this Limited Liability Company	were filed on 05/23/2018	and assigned
Florida document number L18000129202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 NO.
		<u>5</u>
		6
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		J
		5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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
AMBR	Bowlus Ventures International, Inc.		□Add
		517 Green Spring Cir., Winter Springs, FL 32708	=Remove
			Change
MGR Cheryl-	Cheryl-Lee H. Bowlus	517 Green Spring Cir., Winter Springs, FL 32708	≅Add
			□Remove
			Change
MGR	Peter Bowlus	517 Green Spring Cir., Winter Springs, FL 32708	\BAdd
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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Note: If t	e date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	suant to 605.0207 not be listed as
d is filed.		th day after the
Dated	November 9 2020.	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00