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FO: . Registration Section **Division of Corporations**

April 1 Sept.

SHOHEAT.	Better Culinary	Bags.	LLC
SUBJECT:			

20 JUN 25 PM 3: 20

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:

	Monica M. Beserra		
		Name of Person	
	Better Culinary Bags, LLC		
		Firm/Company	
	1655 Calvin Cir		
		Address	person natitication)
	Kissimmee, Fl. m 34746		
		City/State and Zip Code	<u> </u>
	mbeserra.bcb@gmail.com		
	E-mail address: (to be used for future annual repor	t notification)
For further information of	concerning this matter, please c	all:	
Richard D. Speck		407 255-05°	90
Name o	of Person		aytime Telephone Number
Enclosed is a check for t	he 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:

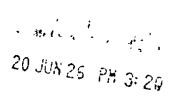
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

RECEIVED JUN 2 6 2010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Better Culinary Bags, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

the Articles of Organization for this Limited Liability Company	wwere filed on $\frac{08/02/2018}{}$	and assigned
lorida document number L18000185311		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
'nto		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>o</u>	nter the name of the new registered
New Registered Office Address:	Enter Florida street	address
	City	, Florida Zip Code
lew Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Cha	anging Registered Agent. Signa	iture of New Registered Agent

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
Manager	Monica M. Beserra	1655 Calvin Cir	■Add
			□Remove
		Kissimmee, FL 34746-7212	□Change
			□Add
			□Add
			□ Remove
		 	□Change
			□Add
			Remove
			□Change
			□Remove
			[]Change
			□Add
			□Remove
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ffaative deta if	other than the date	of filing: 06/01/	/2020		(optional)	
niccure date. it	sted, the date must be sp	ecific and cannot be	prior to date of filin	g or more than 90 d	nys after filing.) Purs	uant to 605.0207
an effective date is l				y filing requireme	nts, this date will i	not be listed as
an effective date is l	e ditte the interpretation	ion or orate 5 rec	.o.u.,.			
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