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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ocala Food Walks LCC 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:
KAREN A. GRIMES Name of Person
OCACA FOOD WALKS ILC
8946 SW 87 51. Address
City/State and Zip Code Caller Foodwalks & Small-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAREN GRIMES at (352) 895-9303 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\sum \\$30.00 Filing Fee & Certificate of Status \$\sum \\$ Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$\sum \\$55.00 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

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

Ocala Food Walk	s LLC
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L.18000208352</u>	filed on $\frac{8/30/1}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	· · · · · · · · · · · · · · · · · · ·
	~>
Enter new mailing address, if applicable:	5)
(Mailing address MAY BE A POST OFFICE BOX)	
	٠ <u>٠</u> ٠
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
	ity Zip Code
Now Degistered Agent's Signature if changing Degistered Agent:	

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	KAREN A. GRIMES	8946 SW 8-5t.	j X Add
	KAREN A. GRIMES	Deala, F1. 34481	□ Remove
			Change
AMBR	Andrey Hamberger	7335 NW 90th Ave Dala, 34482	X Add
	, •	Dala, 34482	Remove
			☐ Change
	<u></u>		Add
			Remove
		;	Change
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When I registered Ocala Food Walks, I failed to put roughely as the Manging prember. I have since bought on Andrey Hambeger I have added her as an Anthonical Member Mark You for your help Place call me if I did not bill His cornectly: Yann (opinal) For control the date is listed, the dise most be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605,0207 Note: If the date inserted in this bleek does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 16/14/17 Signature of a member or authorized representative of a member KARM A COLOME S	. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
Many since boy to a Audrey Hamberger. I have added her as an Anthonical Member on Hua document. Mank You for your help Please call me if I did not fill your help Hair connects. Lann affective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605,0207. Solve: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed.		When I register Ocala Food Was	2ks,
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Signature of a member or authorized representative of a member **ADTM/A	Dated	16/24/12	
KAPTINI A GOIMES		Signature of a member or authorized representative of a member	
Typed or printed name of signed		KAREN A. GRIME	5

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Filing Fee: \$25.00