18000229207

| (Ř | Requestor's Name) |
|-------------------------|-------------------------|
| (A | ddress) |
| (A | ddress) |
| (C | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (B | Business Entity Name) |
| (C | Ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer: |
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SCORETANT AT ATTACH

JAN 0 9 2019

S. YOUNG

COVER LETTER

| Division of Co | | , - | | |
|----------------------------|--|---|------------------|----------------|
| Lonjevity | Foods, LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Gerald G Davies | | | |
| | · | Name of Person | | - |
| | Lonjevity Foods, LLC | | | |
| | | Firm/Company | 1 | |
| | 119 Potomac Drive | | | |
| | | Address | | |
| | Iowa City, IA 52245 | | | . ∓⊆ 6 |
| | | City/State and Zip Code | | <u> </u> |
| | gerry@lonjevityfoods.com | | | |
| For further information of | en-mail address: (| to be used for future annual report notificall: | (ation) | DEC 26 PM |
| Gerald G Davies | | 561 508-1480 | | FLOR |
| Name o | of Person | at () Area Code Daytime | 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) | Certified | te of Status & |
| | ING ADDRESS: | STREET/COURIE | R ADDRESS: | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company (A Florida Limited I Florida Limited I Florida Limited I Florida Limited I Florida Company Florida document number L18000229207 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | were filed on | |
|---|------------------------------|------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L18000229207 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | were filed on | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | | and assigned |
| A. If amending name, enter the new name of the limited liabilities new name must be distinguishable and contain the words "Limited Liabilies Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | lity company here: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | ty Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: | 119 Potomac Drive | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Iowa City, IA 52245 | ₹ |
| | | DBC T |
| (Mailing address MAY BE A POST OFFICE BOX) | 119 Potomac Drive | 11_E 26 ASSE |
| | lowa City, IA 52245 | 20 20 |
| | | 0000A |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | ice address on our rec | eords, enter the name of the nev |
| | | |
| Name of New Registered Agent: Gerald G Davies | | |
| New Registered Office Address: 15861 SE 98th C | ourt | |
| | Enter Florida street a | ddress |
| Summerfield | | , Florida <u>34491</u> |
| 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> MGR | Name Richard T Jenkins | Address | Type of Action |
|---------------------|---------------------------|-----------------------|--|
| | | 15861 SE 98th Court | □ Add |
| | | Summerfield, FL 34491 | Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
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| Note: If t | date, if other than the date of filing: |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated | Jecewber 219. 2018. Glavies Signature of a member or authorized representative of a member |
| · | Gdavies |
| | Signature of a member or authorized representative of a member |
| | Gerald G Davies |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00