L19000050164

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor				
	ET FOOD LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Leah M Kershner CPA			
		Name of Person		•
	Peck Jenkins Kershner CP			2021 x \$500 154
		Firm/Company		一一一三
	34650 US Hwy 19 N Ste	108		量よ
		Address		SEP PH
	Palm Harbor, FL 34684			2021 JAN -4 PM 1: 10 SECRETARY OF STATE
		City/State and Zip Code		, <u>tu</u> 0
	mgladysz@pjkcpa.com			
		to be used for future annual report not	щианот	
For further information c	oncerning this matter, please c	all:		
Leah M Kershner CPA		727 785-2773		
Name o	f Person	Area Code Daytin	ne Telephone Number	·
Enclosed is a check for the	ne 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 &
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc		
Division of C	Corporations	Division of Co The Centre of	•	
P.O. Box 632 Tallahassee, l		· · · · · · · · · · · · · · · · · · ·	rananassee be Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Code
		, Florida	
New Registered Office Address.	Enter Florida str	eet address	
New Registered Office Address:			_
Name of New Registered Agent:			
ent and/or the new registered agent and/or registered office address here:	marked on our return		
. If amending the registered agent and/or registered office	address on our record	s, enter the name	of the new regist
<u> Iailing address MAY BE A POST OFFICE BOX)</u>			
nter new mailing address, if applicable:			3
		- 1781 - 1781	
	<u> </u>		
Principal office address MUST BE A STREET ADDRESS)		- : .C. '- :: ::	<u> </u>
nter new principal offices address, if applicable:		<u></u>	222
ne new name must be distinguishable and contain the words. Elithica Diab	mity company. The design		
TOMI DISTRIBUTIONS LLC ne new name must be distinguishable and contain the words "Limited Liab	ility Company " the designa	tion "LLC" or the abb	reviation "L.L.C."
. If amending name, enter the new name of the limited liab	ome company nere.		
	tilia		
his amendment is submitted to amend the following:			
orida document number 1.19000050164			
ne Articles of Organization for this Limited Liability Company	y were filed on $\frac{02/20/20}{2}$		and assigned
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)		

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 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			☐ Change
			□Add
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			SECULO Change
			SET Change SET CHANGE PH DREMOVE FAIL FAIL
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			Change
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			□Remove
			□ Change

Effective date, if other than the date of filing: 12/22/2020	-	N/A		
Effective date, if other than the date of filing: 12/22/2020 (optional)	-			<u></u>
Effective date, if other than the date of filing: 12/22/2020 (optional)				
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Dated December 22 2020			f: (b) The 90th day	after the
\mathcal{G}'	Jated	December 22 2020		
Signature of a member or authorized representative of a member		/		_

Filing Fee: \$25.00