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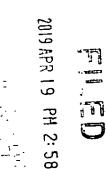
(Requestor's Name)
(Address)
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C GOLDEN

COVER LETTER

Division of C	Corporations		
Boundles SUBJECT:	ss Snacks LLC		
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Ryan Wischnefski		
		Name of Person	
	50+1000	Firm/Company	
	524 Hiking Trl		
	14 11 22 22 22 22 22 22 22 22 22 22 22 22	Address	
	Melbourne, FL 32904		
	rwischnel@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all:	
Ryan Wischnefski		321 987-2277	
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section

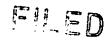
TO:

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**



2019 APR 19 PM 2:58

Boundless Snacks LLC

(Name of the Limited	Liability Company as it now appears on our records)	 ,
- 0	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on 3/13/2019	and ansigned
Florida document number L19000070930		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab		
Principal office address MUST BE A STREET	ADDRESS)	
Inter new mailing address, if applicable:		
-)Y)	
-	<u> </u>	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or	registered office address on our mounts	
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Mailing address MAY BE A POST OFFICE BO If amending the registered agent and/or egistered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our mounts	
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our mounts	
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or egistered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our records, enter e address here: Enter Florida street address	the name of the n
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or egistered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our records, <u>enter</u> <u>e address here</u> :	the name of the n

1 his 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	Matias Rodriguez	2187 Barracuda Ave Melbourne	
		beach FL 32951	Add
			□ Remove
			Change
			□ Remove
			Change
	 -		Add
			Remove
			Change
			
			□ Remove
			Change
			
			□ Change
			
			Remove
			Change

### Affective date, if other than the date of filing: ### (optional) ### (If an effective date, is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 605.0 More. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. #### The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. ###################################		
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- Was	the record specifies a delayed) The 90th day after the reco	leffective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.
Signature of a member or authorized representative of a member	Dated April 16	2019
() and the second control of a member		Signature of a member or authorized representative of a second
Ryan Wischnefski		additional of additional representative of a member

Page 3 of 3

Filing Fee: \$25.00