## L19000096838

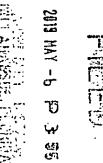
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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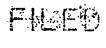
## **COVER LETTER**

TO: Registration Division of C						
SUBJECT:	CARPEDIUM,	LLC				
	Name of Limit	CARPEDIUM, LLC Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.				
Please return all corres	pondence concerning this matter t	o the following:				
	DAVI	DA. PENN	EY			
		Name of Person				
		Firm/Company				
	618	Gulf Shore Address	Dr			
		Address				
	Desti	City/State and Zip Code  1 City/State and Zip Code  1 City/State and Zip Code  2 City/State and Zip Code  3 City/State and Zip Code	541			
		City/State and Zip Code	<del> </del>			
	dpeni	ney 50 yahoo	·com			
	E-mail address; (to	o be used for future annual re	port notification)			
For further information	concerning this matter, please ca	11:				
DAV	OF Person	at (229) Z	130-1453			
Name	e of Person	Area Code	Daytime Telephone Number			
Enclosed is a check for	r the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) S60.00 Filing Fee, 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



28日 HAY - b P 多图5

CARPEDIUM	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) DOLE. PROTEIN
The Articles of Organization for this Limited Liability Company were Florida document number 4/9000096838	100 8 000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
CARPEDIEM, L	LC
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME
(Principal office address MUST BE A STREET ADDRESS)	
·	
Enter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent: 54	NE
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

## 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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
		·	Change
			Add
			☐ Remove
		<del></del>	Change
		<del> </del>	Add
			Remove
		<del></del>	☐ Change
<del></del>		<del></del>	Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Chango

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effec <u>Note:</u> If	e date, if other than the date of filing: 5-1-2019 (optional) tive 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 (3)( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
f the reco b) The 9	rd 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	MAY / ZO19  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  DAVID A PENNEY  Typed or printed name of signee

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Filing Fee: \$25.00