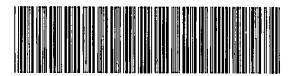
L19000.097.382.

(Re	equestor's Name)	
(Ac	idress)	
(Ac	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

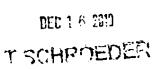
Office Use Only



900336771309

11/18/19--01026--006 **30.00

19 NOV 18 SH 9: 16



Amended and Reinstaled Actives of Organization.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fruit Legs LLC	
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:	
Craig G. Whiting Name of Person	
J Name of Person J	
Firm/Company	
860 12th Ave N Address	
Sxint Petersburg, FL 33701	
Skint Petersburg, FL 33701 City/State and Zib Code Cquhitin @ Eckerd. edu	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Craig G. Whiting at (912) 667 5478 Name of Person Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

truit Legs	LLC
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number <u>L 190000473</u>	Sompany were filed on April 08, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	860 12th ALL N
Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 860 12 th AVC N Shirt Petersburg 33701
Enter new mailing address, if applicable:	- 17
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or regist egistered agent and/or the new registered office addr 	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	860 12th Ave N Enter Florida street address
Sa:	Enter Florida street address 1 1 Petar Shura, Florida City Zip Code
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			□ Change
		<u></u>	☐ Remove
			Remove
		-	Change
			Add
			Remove
			Change

	will	be	selli	アク	fun	74	pack	5 ,				
						/	<u> </u>				•	_
											_	
_												
	_				_							
			<u> </u>						 .			
												
		_ <u>_</u>										
												
	<u></u>									75 or		
											- 65- 20	_
									_		7 .	
										· . :	8	
	· · ·	-								• • • • • • • • • • • • • • • • • • • •	7,50 1	<u>_</u>
						- 				·		
										÷ ;	-	
		-						<u> </u>	_	47		
										(2)		
ctive (late, if other	than the	e date of f	filing: _					(op	tional)		
enecuv e: If th	e date is listed, t ie date inserte	the date mu d in this b	ist be specifi lock does i	ic and can: not meet	not be prio the appli	r to date cable st	ot tiling or itutory fil	more that ing requi	i 90 days a rements. i	fter filing.) P this date wi	ursuant to	o 605.02 Histori
ument'	s effective dat	c on the E)epartment	t of State	's record:	S.			,			
ecord	specifies a	delaye	d effectiv	ve date	e, but no	ot an e	ffective	time,	at 12:0:	La.m. or	the e	arlier
ne 90	th day after	the red	ord is fil	led.				,				
,	. 1 /	•										
ed (1/13/	2010	1									
						—· /	. ,,		$\overline{}$			
				na	7	//	W		<i></i>			
					<i>*</i>	(/						
			Signature	of a mem	ber or auth	orized re	presentati	ve of a me	mber			_

Page 3 of 3

Filing Fee: \$25.00