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## **COVER LETTER**

	stration Sec sion of Corp			
	C&J MUSH	ROOM COMPANY LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JAMES WOLFE		
			Name of Person	<del></del>
		C&J MUSHROOM COM	PANY LLC	
	Firm/Company			
	2926 IST ST SW			
			Address	
		VERO BEACH, FL 32968	8	
			City/State and Zip Code	
		JAMES.WOLFE@HOTMA	AIL.COM to be used for future annual report notification)	
For further in	formation co	oncerning this matter, please c	·	
JAMES WOI	.FE		740 701-7029	
Name of Person		Person	at ()	ımber
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & iffed Copy tional copy is enclosed)
Reg Div P.O	ing Address istration S ision of Co . Box 6327 ahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	ite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&J MUSHROOM COMPANY LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our r ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa $\frac{L19000112933}{L19000112933}$	any were filed on $\frac{04/25/2019}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
THEMUSHROOMGUY.COM, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		202
		7 T AR
		R 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		70 N
		m 0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	nddress
	#	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 =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
		<del></del> ,	□Remove
			Change
			🗀 Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			Πer

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_ 2023 Signature of a member or authorized representative of a member

Typed or printed name of signee

JAMES WOLFE, MEMBER