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COVER LETTER

TO: Registration Section Division of Corporations DRIPIN DOUGH HOLDINGS, LLC					s •		
		:					
SUBJE	:C1:	Name of Limi	ted Liability	Compan	y		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for fi	ling.			
Please	return all correspo	ndence concerning this matter	to the follov	ving:			
		KARLEEN FOSTER					
		KLEINFELD LEGAL AD	1	of Perso	n		-
		801 NE 167 STREET SUITE 306	Firm/	Company	k.		-
		NORTH MIAMI BEACH,	j	idress			2019 H
		KARLEENFOSTER@KLE	City/State INFELD.CO		Code		2019 HAY 24 /
For fur	ther information c	E-mail address: (i oncerning this matter, please ca		future a	nnual report notific	cation)	WH 10: #8
KARL	EEN FOSTER			305	928-1500		81:
	Name o	f Person	at (rea Code	Daytime	Telephone Number	г
Enclos	ed is a check for th	ne following amount:					
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		ified Co		Certified	ite of Status &
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314		Reg Div Clif 266	REET/COURIE gistration Section rision of Corpora fton Building 1 Executive Cen luhassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIPIN DOUGH HOLDINGS, LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L19000114443	npany were filed on APRIL 26, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
DRIP & DOUGH HOLDINGS, LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	<u>s\$)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	·
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and nt as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

MGR = M	from our records: anager athorized Member		
Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than t	he date of filing:	(on	tional)	
(If an effective date is listed, the date it	nust be specific and cannot be p block does not meet the ap	rior to date of filing or more than 90 days at plicable statutory filing requirements, t	ter filing.) Pursuant to 6	05.0207 (3)(sted as the
the record specifies a delay) The 90th day after the r		not an effective time, at 12:01	. a.m. on the ear	lier of:
Dated MAY 16,	2019	·		
R. (Ly VI			
	Signature qua momber or a	uthorized representative of a member		
STANLEY J. KRIEC				
	Typed or p	inted name of signee		

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Filing Fee: \$25.00