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(((H190003729313)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS,

Account Number : 120010000112

Phone : (302)575-0875 Fax Number : (302)575-1642

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW PHASE BLENDS LLC

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Estimated Charge	\$25.00

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW PHASE BLENDS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L19000200330	were filed on 8/12/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
The new name must be distinguishable and contain the words "I imited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		IS DEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF T
Mauring address MAT BE A TOST OF FICE BOX)		E FATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		lorida
	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
AMBR	TIMOTHY DALE HEWETT	6688 Houlton Circle	=====================================
		Lake Worth, FL 33467	□Remove
			Change
AMBR	SETH MOSSBERG	101 Woodlake Circle	= Add
		Greenacres, FL 33463	SECRE FALLS
			ECRETARY OF STATE
			Rentitive Change
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ffectiv	e date, if other than the date of fil	mg	OVEMBER 2	101	itional)	
<u> Yote:</u> li	tive date is listed, the date must be specific in the date inserted in this block does no	t meet the applical	o date of filing or mo ble statutory filing	ire than 90 days at requirements, t	fer filing.) Pursua his date will no	ent to 605.0207 of be listed as
ocumer	nt's effective date on the Department o	I State's records.				
	specifies a delayed effective date, but o	ot an effective tim	ie, at 12:01 a.m. o	n the carlier of:	(b) The 90th	day after the
record d is filed	u.					
d is filed	24 DECEMBER 2019	2019	_•			
d is filed	24 DECEMBER 2019		 ett 1			
e record rd is filed Dated			ett ized representative (of a member		_

Filing Fee: \$25.00