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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS A AUTHORIZATION SIGNATURE: STALKER SMOKES, LLC	
	Document Company Compa
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Inc	corporation
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL()	Other
Country	
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AUTHORIZATION SIGNATURE:	) / · · · · · · · · · · · · · · · · · ·
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(Business Name) Document	<del></del>
Walk in	Pick up time
Mail out	Will wait
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Certified Copy of Articles of Incorporati	on
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
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OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL()	Other
Country	
EXAMINER'S INITIALS:	

## **COVER LETTER**

	SMOKES, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rochelle Friedman Walk		
		Name of Person	<del></del>
	AEGIS Law		
		Firm/Company	
	1550 W Cleveland St		
	Name of Limited Liability Company    Description   Description   Description		
	Tampa FL 33606		
		City/State and Zip Code	
	lros@aegislaw.com		
	E-mail address:	to be used for future annual report no	tification)
For further information of	oncerning this matter, please of	ail:	
Rochelle Walk			
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	· ·	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ection
_			
P.O. Box 632		The Centre of	
Tallahassee, l	ru 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STALKER SMOKES, LLC				
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/28/2019		and ass	gned
Florida document number L19000220054	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
Zest Brands, LLC				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	C" or the abbrevi	ation "L.!	L.C."
Enter new principal offices address, if applicable:	<u></u>			. <u></u> -
Principal office address MUST BE A STREET ADDR	ESS)			
		( <u>}</u>	702	
		三二	<del>-</del> :	r 12
		•,	: ;	• •
Enter new mailing address, if applicable:		<del></del>	<u>0</u>	
Mailing address MAY BE A POST OFFICE BOX)			-:	
			1.:	
			∴:	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office address here:</li> </ol>	office address on our records, enter	the name of	the new	<u>registe</u>
Name of New Registered Agent:		<del></del>		
New Registered Office Address:	Par Place and Harris			
	Enter Florida street addres	22		
_ <del>_</del>	, FI	orida		
	City	Z	ip 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
MGR	STALKER SMOKES, INC	919 NORTH MARKET ST STE 950	
		WILMINGTON, DE 19801	<b>≡</b> Remove
			Change
MGR	Zest Brands, Inc	919 NORTH MARKET ST STE 950	<b>=</b> Add
		WILMINGTON, DE 19801	[]Remove
			Change
			□Add
			Rēmove
			□Add .
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to	o date of f	filing or more	than 90 days	optional) after filing	.) Pursu:	unt to 605.0
e: If the date inserted in this block does not meet the applicable iment's effective date on the Department of State's records.	ble statut	tory filing i	equirements	, this date	will no	ot be listed
ord specifies a delayed effective date, but not an effective tim- filed.	ne, at 12:	:01 a.m. on	the earlier o	if: (b) Th	ie 90th	day after
ed 2022	_ ·					
· Ker						
In 27 as (May 29, 2037 10 29 EDT			a member			

Filing Fee: \$25.00