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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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THE SELECTION OF S

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COVER LETTER

TO:	Registration Sec Division of Cor			
cup ir	Love Jannie	e One		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all correspo	ndence concerning this matter	to the following:	
		Vinert RD	Name of Person	ia S. Creas
			Firm/Company	
		844 MM 3	Str Ruene Address	
		Foot land	Derdale Lla 3 City/State and Xip Code De Dellacuith Code	3311
		E-mail address: (to be used for future annual report notif	ication)
	her information co	oncerning this matter, please ca	all: (つらの ススペーを	3053
V1~	et Dec	× ^	at (<u>954</u>) <u>600 - 1</u>	4874
	Name of	l Person		: Telephone Number
Enclose	d is a check for th	e following amount:		
≭ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10

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**

Love	Danne One FEED
(A Flor	bility Company as it now appears on our records.) ida Limited Liability Company)
	Company were filed on Sept. 121. P 5: 84
The Articles of Organization for this Limited Liability	Company were filed on Sept. 12, 2019 and assigned
Florida document number 💴 🔽 🤊 🗘 🌣 🔊	TALCAHABULET ELIBRIDA
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new</u> <u>ldress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	red 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 844 NW 25th Averse Fort Landerdale, Fla 33311	Type of Action
wes	Meliza Snith-Lica	11688 pt 2, statesperal tras	\fo Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days rater filing.) Persuant to 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Seath And Strendards of a member of auditorized representative of a member.	· _	
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Signature of a member or authorized representative of a member	ated	Sept 13. 2019.
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Page 3 of 3

Filing Fee: \$25.00