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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: AFFLS.1			
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	_Amber O'Connor		
		Name of Person	
	_AFFLS, LLC		
		Firm/Company	
3755 West Lake Hamilton Drive			
		Address	
	Winter Haven, FL 33881		
		City/State and Zip Code	
	aoconnor a glwaysfresh.com E-mail address: (to be used for future annual report notif	fication)
For further information e	oncerning this matter, please e	all:	
Amber O'Connor		at (863) 401-3404	
Name of Person			e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	⊠ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Sec	ati an

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF 2020 APR 21 PH 3: 29 AFFLS, LLC A FLORIDA LIMITED LIABILITY COMPANY

THIS AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF AFFLS LLC, a Florida limited liability company (the "Company"), is made and entered into effective as of the 18 day of April 2020 (the "Effective Date").

BACKGROUND

WHEREAS, the Company was formed by the filing of Articles of Organization with the Florida Department of State effective March 23, 2020 (the "<u>Date of Formation</u>");

WHEREAS, effective March 23 2020, Wayne Giddings was admitted as an Owner of the Company, and in connection therewith, the Owners of the Company as of such date (i.e., Wayne Giddings and Matthew Giddings) and the Company entered into that certain Operating Agreement for AFFLS, LLC (the "Operating Agreement"):

WHEREAS, Matthew Giddings and Wayne Giddings, as the current Owners of the Company, and the Company desire to enter into this Agreement for the purpose of amending and restating the Articles of Organization of AFFLS LLC in its entirety;

NOW, **THEREFORE**, for and in consideration of the foregoing premises, the mutual covenants and agreements set forth herein, the contributions to the capital of the Company made and to be made hereunder, and for other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

ARTICLE I Name

The name of this Limited Liability Company is: AFFLS, LLC

ARTICLE II Address

The mailing address and the street address of the principal office of this Limited Liability Company is: 3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Board of Managers

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This Limited Liability Company shall have two (2) managers. The number of managers may be either increased or decreased from time to time, in accordance-with the Operating Regulations of this Limited Liability Company but shall never be less than one.

The name and address of the managers of this Limited Liability Company is as follows:

Name

Street Address

Wayne Giddings

3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

Matthew Giddings 3755 West Lake Hamilton Drive, Winter Haven, Florida 33881

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

> Amber O'Connor 3755 West Lake Hamilton Drive Winter Haven, Florida 3388

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree act in this capacity. I further agree to comply with the provisions of all statutes relating 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.

SENTATIVE'S SIGNATURE

(This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.).