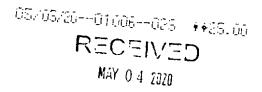
L2000 113216

| (Requestor's Nar | ne) |
|---|----------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Pl | none #) |
| PICK-UP WAIT | MAIL |
| (Business Entity | Name) |
| (Document Num | ber) |
| Certified Copies Certific | ates of Status |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

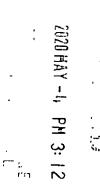
Office Use Only



400342489444



S TALLENT MAY 2 0 2020





COVER LETTER

| TO: Registration Set Division of Cor | | | |
|--------------------------------------|--|---|---|
| | uce Market LLC | | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Gary Bloome | | |
| | | Name of Person | |
| | Gary Bloome PA | | |
| | | Firm/Company | |
| | 9148 Glades Road | | |
| | | Address | |
| | Boca Raton, FL 33434 | | |
| | | City/State and Zip Code | |
| | gbloome@prodigy.net | to be used for future annual report not | Evition |
| For further information c | oncerning this matter, please c | · | meation |
| Gary Bloome | | 561 477-8099 | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ction |
| Division of C | | Division of Co. | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Picky Produce Market LLC | | | |
|--|---|--|---------------------------------|
| (<u>Name of the Limit</u> | ed Liability Compa (A Florida Limited) | nny as it now appears on our recor Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited L Florida document number L20000113216 | iability Company | were filed on 04/27/2020 | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | oility company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation "LLd | C" or the abbreviation "L.IC." |
| Enter new principal offices address, if applic | | 4023 Exeter B | |
| Principal office address MUST BE A STREE | T ADDRESS) | Boca Raton, FL 33434 | |
| | | | 2070 |
| Enter new mailing address, if applicable: | | 4023 Exeter B | # 27 |
| (Mailing address MAY BE A POST OFFICE BOX) | | Boca Raton, FL 33434 | ₽ |
| | | | P F |
| | | | ب قد |
| B. If amending the registered agent and/or ragent and/or the new registered office address | | address on our records, <u>ente</u> | r the name of the new registere |
| igent and/or the new registered office address | is nere. | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 4023 Exeter B | | |
| | | Enter Florida street addre | 'ss |
| | Boca Raton | , F | lorida <u>33434</u> |
| | | 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 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> | Name | Address | Type of Action |
|--------------|------|---------------------------------------|-----------------------------------|
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | Remove | |
| | | | Change |
| | | | |
| | | □Remove | |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | □Remove | |
| | | Change | |
| | | 🗀 Add | |
| | | □Remove | |
| | | · · · · · · · · · · · · · · · · · · · | □Change |
| | | | |
| | | | Remove |
| | | | □ Change |

| . If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ···· |
| | |
| | |
| | |
| (If an e | tive date, if other than the date of filing: |
| he reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Dated | April 29 2020 |
| | Signature of a member or authorized representative of a member |
| | Oryan Lugasi Typed or printed name of signer |

Filing Fee: \$25.00