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(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

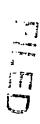
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Graham's Snacks Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zondra Harris Name of Person
Graham's Snacks Firm/Company
1816 East 24th st. Address
Jacksonville, FL 32206 City/State and Zip Code Graham Specks 2.00 masl. Com E-mail address: Ito be used for future annual report notification)
Graham Specks 7.00 mast. Com E-mail address: Ito be used for future annual report notification)
For further information concerning this matter, please call:
Zondra Harris at (904) 442-0408 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status C

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0.	292
Combant Goods 110		= "1
(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)	
(A Florid	a clinica chapting Company)	
The Articles of Organization for this Limited Liability C	Company were filed on <u>May, 20, 2020</u>	and assigned
Florida document number L200036417	·	
This amendment is submitted to amend the following:		ယ်
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	Zip Code
	City .	гір Соце

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
MGB	Potrick Grahem Je	1816 East 24th	Trydd
			□Remove
			□Add
			□Remove
			□Change
142-112-1		 	□Add
			□Remove
			□Add
			□Remove
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ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor Lis fi	d 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 led.
ated	June 05 2020.
	Signature of a member or authorized representative of a member
	Zondra Henris Typed or printed name of signee
	7 / 11 6:

Filing Fee: \$25.00