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S. YOUNG



COVER LETTER

	ration Section on of Corporations		
SUBJECT:	Muffin Seasoning Name of Lim	A OUNCL SY CUPS ided Liability Company	<u>Goods</u> LLC
The enclosed Ar	rticles of Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Kentanta	CL Streeter Name of Person	
	Muffin St	PASDYING CINCLS	maps/Goods uc
	3741 NW	1DIST AVENUE	
	Coral Si	Dririos FL 33 City/State and Zip Code	065
	MULTIN SLOS E-mail address: (SONING AND SMA	(PSGOODES ID@gmailson
For further infor	rmation concerning this matter, please ca	all:	
Kentar	Name of Person	at (<u>754</u>) <u>317 -</u> Area Code Daytim	7504 e Telephone Number
Enclosed is a ch	neck for the following amount:		
□ \$25.00 Filir	ng Fee \$30,00 Filing Fee & Certificate of Status	S55.(X) 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muffin Seasoning ar (Name of the Limited Eighility) (A Florida Li	f area i
The Articles of Organization for this Limited Liability Con	npany were filed on 00 09 2020 and assigned
Florida document number <u>L20000152464</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Mussin Snaps With D	a Goods LLC.
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3741 NW IDIST AVENUE
(Principal office address MUST BE A STREET ADDRE	SSS) Coral Springs, FL 33065
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3255 NW 94th Avenue Coral Springs, FL 33075
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Lev	itanta Streeter
New Registered Office Address: 325	55 NW 94 th Avenue Enter Florida street address
Con	al Springs Florida 33075 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 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	Kentanta Streeter	3741 NW 101st Avenue	🗆 Add
		Coral Springs FL 3306	☐ □Remove
			⊠Change
AMBR	Adlia S Streeter Tr.	3741 NW 101 STAVERY	² □Add
		Coral Springs Fl 3366	5_ □Remove
			∑ lChange
			□Add
			□Remove
			Change
			□Add
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ord special	fics a delay	red effective	date, but no	ot an effecti	ve time, at	12:01 a.m. o	n the earli	er of: (b)	The 90th	ı day after ti
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		KINTY.	ignature of	a member or	authorized re	presentative	of a memb	<u> </u>		
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