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THE PAISLEY PICKLE LLC SUBJECT: 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: RENA M. LAWSON Name of Person THE PAISLEY PICKLE LLC Firm/Company 744 RED WING DRIVE Address LAKE MARY, FL 32746 City/State and Zip Code RENALAWSON51@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENA M. LAWSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations**

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

THE PAISLEY PICKLE LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on ou iability Company)	r records.)		
The Articles of Organization for this Limited Liability Company	were filed on <u>06/10/202</u>	20	_ and ass	signed
Florida document number 1.20000159787				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	ion "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		_		
		- ン・・・	707	
		1	2070 333	,-
Enter new mailing address, if applicable:			ام بر مست ام م	
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(Muiling address MAY BE A POST OFFICE BOX)		•••		<u></u>
		· <u></u>	 13	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	s, enter the name o	f the ne	<u>w reg</u> i
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida stre	et address		
		, Florida		
	City	1 101144	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and I am fan er 605, F.S. Or, if	niliar wi this doci	th and ument

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENA M. LAWSON	744 RED WING DRIVE	≣ Add
		LAKE MARY, FL 32746	□ Remove
			□Change
MGR	THOMAS ANTOLICK	744 RED WING DRIVE	\ \ _Add
		LAKE MARY. FL 32746	≣Remove
			□Change
			□Add
			□Remove
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ffective date, if oth an effective date is listed Sote: If the date inser locument's effective d	ted in this block doc:	s not meet the applic	able statutory filing r	(optional) than 90 days after filing.) Pequirements, this date w	ursuant to 605.0
record specifies a del d is filed.	ayed effective date, h	out not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The (90th day after
JUNE 17		. 2020	·		
Dated JONE 17) ()	\			
Dated	genan of	and a	orized representative of	a member	