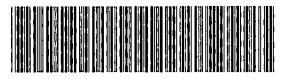
L20000232740

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/21/20--01013--012 **25.00



10/31/20

COVER LETTER

CHDIECT.				
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Name of Person Area Code Daytime Telephone Number Check for the following amount: ling Fee		
Please return	n all correspo	ndence concerning this matter	to the following:	
		GASTON R. CORTES, C	PA	232
			Name of Person	
		KSDT & CO., LLC		
			Firm/Company	
		9300 S. DADELAND BL	VD. SUITE 600	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
			Address	
		MIAMI, FL 33156		32
			City/State and Zip Code	 _
			·	(fication)
For further i	nformation c	oncerning this matter, please c	all:	
GASTON R. CORTES, CPA				
	Name o	f Person		ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
■ \$25.00 i	Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
			· · · · · · · · · · · · · · · · · · ·	rction
Division of Corporations			Division of Co	rporations
1 41	nanassee, I	L J4J17	2410 N. WOHIC	ic succe, since 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET FRESH LLC			
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our recor ited Liability Company)	<u>ds.</u>)	
he Articles of Organization for this Limited Liability Comp	pany were filed on 08/03/2020		and assigned
lorida document number L20000232740			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company here:		
GET FRESH NOW LLC			<u></u>
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LL	C" or the abb	r-1
nter new principal offices address, if applicable:			98 -
Principal office address MUST BE A STREET ADDRESS	5)		r>
	<u> </u>	1 .	···
			1
nter new mailing address, if applicable:		<u> 221.</u>	5: 0
•	· 		
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name	of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florula street addre	15.5	
 		lorida	
	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
			□Add
			Remove
			☐ Change
			□Add
			Remove
			P1
			□Remove
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
			□Add
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	e specific and cannot be prior to date of t does not meet the applicable stat	(optional) filing or more than 90 days after filing utory filing requirements, this date) Pursuant to 605,020
cord specifies a delayed effective d s filed.	ate, but not an effective time, at 17	2:01 a.m. on the earlier of: (b) Th	e 90th day after th
SEPTEMBER 14	2020		
	Beck	resentative of a member	
/\	gnature of a member of authorized rep	resentative of a member	

Filing Fee: \$25.00