## 120000300455

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	BigHeadz S	Snacks LLC		
SUBJECT;		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Anthony T Bell		
			Name of Person  Firm/Company  Address  City/State and Zip Code  om  (to be used for future annual report notification)	
		Name of Person  BigHeadz Snacks  Firm/Company  4545 Orange Grove Blvd  Address  North Fort Myers/FL 33903  City/State and Zip Code  bigheadzsnacks@gmail.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  Area Code  Name of Person  at (239 9940528 at (Area Code)  Daytime Telephone Number  areck for the following amount:  ag Fee		
Firm/Company				
		4545 Orange Grove Blvd		
			Address	
		North Fort Myers/FL 3390	3	
			City/State and Zip Code	
		- <del>-</del> -		Milestion)
For further i	nformation c			ornication)
		oncerning mis matter, preuse en		
Michelle Λ		<del></del>	at ( )	<u> </u>
	Name o	f Person	Name of Limited Liability Company  nent and fee(s) are submitted for filing.  concerning this matter to the following:  nony T Bell  Name of Person  Headz Snacks  Firm/Company  5 Orange Grove Blvd  Address th Fort Myers/FL 33903  City/State and Zip Code adzsnacks@gmail.com  E-mail address: (to be used for future annual report notification)  ng this matter, please call:  at (	
Enclosed is:	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	niling Addres			luction
	_	Section Corporations	Division of C	
	D. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HigHeadz Snacks LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(7.1 Ionas Emarco Batoliny Company)	
The Articles of Organization for this Limited Liability Company were filed on 09/23/2020	and assigned
Florida document number L20000300455	J
Tionida document number	
This amendment is submitted to amend the following:	
A 16 man diam and a day of a sure of the limited linking and an about	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
(Trincipal Office address MOST DE A STREET ADDRESS)	<u></u>
<del>/</del>	
	•
Enter new mailing address, if applicable:	<del></del> -
(Mailing address MAY BE A POST OFFICE BOX)	
	; <u>a</u>
B. If amending the registered agent and/or registered office address on our records, enter the name of	the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
Enter 1-101tha 211461 analysis	
/, Florida,	
,	p Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment $\phi$ s registered agent and agree to act in this capacity. I further agree to	o 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>	<u>Address</u>	Type of Action
MGR	Anthony Bell	4545 Orange Grove Blvd	■Add
		North Fort Myers FL 33903	□Remove
			☐ Change
AMBR	Michelle A Bell	4545 Orange Grove Blvd	<b>≣</b> Aḋd
		North Fort Myers FL 33903	□Remove
			□Change
			□Add
			□Remove
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	o dute of filing:	/01/2020		(optional)	
octive dute if other than th	ust be specific and cann	ot be prior to date of f	iling or more than 90 da	ys after filing.) Pursuant to 6	
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