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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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. COVER LETTER

MR. POTA	TO SPREAD OF AMERICA LL	.C	
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Lakita Spann		
	MR. POTATO SPREAD OF	Name of Person AMERICA LLC	
	9501 ARLINGTON EXPRE	Firm/Company SSWAY, STE 190	
	JACKSONVILLE, FL 3222:	Address	
	LAKITA@MRPOTATOSPRI	City/State and Zip Code EAD.COM	
	E-mail address: (to	be used for future annual repo	rt notification)
For further information c LAKITA SPANN	oncerning this matter, please call	904 302-00	24
Name o	f Person	at () Area Code D	aytime Telephone Number
Enclosed is a check for th	ne following amount:	<u> </u>	
525,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section **Division of Corporations**

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 ARTICLES OF ORGANIZATION **OF**

MR. POTATO SPREAD OF AMERICA LLC

(Name of the Limited Liability Con (A Florida Limit	пряду <u>as it now appears on our recorc</u> ed Liability Company)	<u>ls,</u>)
ne Articles of Organization for this Limited Liability Compa orida document number	ny were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ic new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
	··	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
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		707
If amending the registered agent and/or registered office that and/or the new registered office address here:	e address on our records, <u>enter</u>	
em and/or the new registered office address nere:		EB 2
Manne of New Devices and Arrow		
Name of New Registered Agent:		\
New Registered Office Address:		
	Enter Florida street addres	y
	, Flo	orida
	City	Zıp Code
	nt:	

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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 heing 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MR. POTATO SPREAD INC	9501 ARLINGTON EXPRESSWAY	
			
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		316 180	□Remove
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		ctive date, if other than the date of filing:				
ective date, if other than the date of filing:	date, if other than the date of filing:					
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as		m, on the earlier of: (b)	The 901	th day ai	fter the
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