

L21000019407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

TO: Registration Section,  
Division of Corporations

SUBJECT: Reefer LLC

\_\_\_\_\_  
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:

Suzette Grant

\_\_\_\_\_  
Name of Person

Reefer LLC

\_\_\_\_\_  
Firm/Company

14650 Foliage Ave

\_\_\_\_\_  
Address

#3207

\_\_\_\_\_  
City/State and Zip Code

Apple Valley, MN 55124

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzette Grant

917

541-3041

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

losed is a check for the following amount:

\$25.00 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:**

Registration Section  
Division of Corporations  
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

13  
**ARTICLES OF ORGANIZATION  
OF**

Reefer LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/6/2021 and assigned  
Florida document number New

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The Reefer Shop LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

Florida

City

Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an 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 605.0207 (3)(b)

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.

January 6, 2021

Suzette Grant  
Signature of a member

Signature of a member or authorized representative of a member

Suzette Girard

Typed or printed name of signee