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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PENSACOLA PICNIC CO.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Mariann Parks. Name of Person
Pênsacola Picnic (°0.
5308 Woodlake Tvi
Gulf Breeze FL 32543.  City/State and Zip Code
Pensaci) a picnic co (a gmail.com) E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (443) 980 - 2080  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sand Filing Fee Certificate of Status Certificat

Mailing Address: 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 TO ARTICLES OF ORGANIZATION OF

Pensacola Picnic	Co. 1218 C 30 PH 5: 14
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup 2\) (1004662).	were filed on $\sqrt{\frac{25}{2021}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	Bulf Breeze PL 32563
(Principal office address MUST BE A STREET ADDRESS)	DUIT BY ((76 TL 31303
Enter new mailing address, if applicable:	1119 Harber Lane:
(Mailing address MAY BE A POST OFFICE BOX)	GUIF Breeze FL 32543
B. If amending the registered agent and/or registered office:	oddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	address on our records, enter the name or the new registered
<b>t</b> Λ	
Name of New Registered Agent: VC(Y)	iann Greene
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 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>	Name	Address 1421.81 30 PH 5: 14	Type of Action
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