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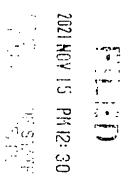
(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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A. BUTLER DEC - 1 2024

COVER LETTER

Division of Corporations
SUBJECT: SF SNACKS 1 LC Name of Limited Liability Company
'n
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
L'ISA RASULI Name of Person
SF SNACKS LLC Firm/Company
10101 SW 5 th St
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at C154 S59-1819 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: [D\$25.00 Filing Fee
Mailing Address: Registration Section Division of Cornerations Street Address: Registration Section Division of Cornerations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

P (1 - 1)

(Name of the Limited I. (A I	iability Company as it now appears lorida Limited Liability Company)	7021 HOV 15 PH 12: 30
The Articles of Organization for this Limited Liabil Florida document number <u>L210008</u>	lity Company were filed on 2	23/2001 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words	s "Limited Liability Company," the des	ignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis		cords, enter the name of the new registere
Name of New Registered Agent:	Axel Rasul	4
New Registered Office Address:	Enter Florid	la street address
-	· 	, Florida
	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>	Name	Address	Type of Action
MGR	Axel Rasuly	101015W 5th St. Photos	Ø\ ⊠Add
	·	32324	🗆 Remove
			□Change
MAR	Lisa Rasuly	10101 SN 5th St.	□Add
	· ·	Plantotion, Fr 33324	Remove
			□Change
			□Add
		 	□Remove
			□Change
		<u> </u>	□Add
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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n effecti	date, if other than the date of filing: (optional) ve 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	.021
<u>te:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.	ed a
L CONTICUTE	Softeen date on the peparation of state steeral.	
ecord spis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after	r th
ted	10/26, 2021.	
	Signature of a member or authorized representative of a member	
	$V \longrightarrow V$	
	1:00 (200)	