L21000090301

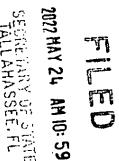
(Requestor's Name)
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COVER LETTER

Registration Section

Tallahassee, Fl. 32314

TO:

Div	ision of Corp	porations		
218288 B2298	PB's Fresh I	et Cuisine		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Stephanie B Nunez		
			Name of Person	
		The Millennial Misfits, LL	C	
		.	Firm/Company	
		14140 SW 62nd Street		
			Address	
	Miami FL 33183			
		·	City/State and Zip Code	···
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please co	all:	
Stephanie N	unez		786 349-8818	
	Name of	Person		ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F		S30.00 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)
	iling Address gistration S		<u>Street Address:</u> Registration Se	ection
Div	vision of C	orporations	Division of Co	rporations
P.O. Box 6327		7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 24 AM 11:00

PB's Fresh Pet Cuisine ししこ

(Name of the Limited Liability Company as it now appears on our records). ETARY OF STATE (A Florida Limited Liability Company) TALL AHASSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on 2/23/2021	and assigned
Florida document number <u>L2100090301</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Millennial Misfits, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
 	, Fl	orida
New Registered Agent's Signature, if changing Registered Agent:	•	zyr rac
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is
		of New Registered Agent

If amending Authorized Persons) authorized to manage, enter the title, name, and address of each person, being added of removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			Adu:
			Remove
			l Change
			cuAdd
			DRemove
			CChange
			_ □Add
			BRemove
			_ □Change
			_ 🗆 Add
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			Change
			T. Add
			Chape
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Effective date, if other than the date of filing: (Optional) If an effective date, if other than the date of filing: (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. In 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 ord is filed. Dated 4 2 7 2022		
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THUMAN CHARLES		
Signature of a member or authorized representative of a member	Dated	4/27 2022
		Signature of a member or authorized representative of a member