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JIVISION OF CORPORATION

T. MATTHEWS JUL 28 2022

# **COVER LETTER**

Division of Corpo	orations		
SUBJECT: Tree	oh 2 Def K Name of Limi	CICKS	•
	Name of Link	ned Claumy Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		ū	
	Omar Be	erroa	
	Umar Be	Name of Person	
	Fresh 2	Def Kicks Firm/Company	
		Firm/Company	
	6885 was	+ 7th Ave. Ap	+.909
	Higher FI	City/State and Zip Code  CKS1@gmail.CO o be used for future annual report noti	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	E-mail address: (t	o be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	di:	
Omar Beri	CCC erson	at (780) 828- Area Code Daytim	OOSG e Telephone Number
Enclosed 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)

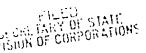
## Mailing Address:

TO: Registration Section

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 CORPORATIONS OF ORGANIZATION OF CORPORATIONS



Fresh 2 Def 1	/ic/<	22 HAY 24 AH 9: 02
(Name of the Limited Liability of (A Florida Li	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con	pany were filed on <u>03</u>	02 2021 and assigned
Florida document number <u>21000101672</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, <u>enter the name of the new registere</u> c
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Ambr</u>	Melissa Martinez	6885 W. 7th Ave. #909 Higlean, Fl 33014	□Add
			Х Сепно v с
			□Change
Jupi	Omar Berroa	6885 W. 7th Ave. #909	<b>X</b> Add
		Hialeah, Fl 33014	□Remove
	·		□Add
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<del></del>	•		□Abd
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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un offe ote:	ive date, if other than the date of filing:
econ	d 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 led.
ited <sub>-</sub>	May 13, 2022ar  Signature of a member of authorized representative of a member
	Melissa Martinez / Omar Berroa Typed of printed name of signee