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(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

Division of Corp		*	\$
SUBJECT: <u>504</u>	X On Deck Name of Limi	LLC ted Liability Company	
		,,,,	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Joyce St	Name of Person	
	Snax on	Deck LLC Firm/Company	
	38 west	31th Stree	
	RIVIER G	Beach, F1 334	04
	Jayce Sheard E-mail address: (to	O YA hoo - Com	lication)
For further information cor	ncerning this matter, please ca	di:	
Jayce She	pard	at (561) 291-	3707 c 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:
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

10	•
RTICLES OF ORGANIZAT OF	ION CHARLEST SINK
OF	AMERICA OF CORE OF SOME

Snax on Dech (LLC 21 APR -2 PM 3: 52
(A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L2166612699</u>	npany were filed on March 15,2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "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 or agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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

HE PART OF STAIR AMBR = Authorized Member 21 APR -2 PH 3: 52 Title Name Joyce L. Shepard 381 west 3n+th St. RIVIETA Beach F1 33404 XIREMOVE AMBR Joyce T. Shepard 381 west 37th MAD St. Piviera Beach, Remove F1 33404 _ Change AMBR Dean L. murrell 381 west 37th St. RIviera Beach, DRemove _____ Change MGR Joyce T. Shepard 381 west 37th st. DAdd Protect Beach, Fl 33404 Decemove Change □Add ___ Change \square Add Remove □ Change

. If amending any other	· information, enter	change(s) he	re: (Attach ada	litional sheets	if neces	saryi) Hen	
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Effective date, if other	than the date of fili	ng:			_ (option	al)	
(If an effective date is listed, the Note: If the date inserted document's effective date	ne date must be specific a Lin this block does not	ind cannot be prior timeet the applic	cable statutory fi	more than 90 d	avs after fil	ing.) Pursuant to	605.0207 (3 listed as th
he record specifies a delaye ord is filed.	d effective date, but no	ot an effective t	ime, at 12:01 a.n	n. on the earlie	er of: (b)	The 90th day a	ıfter the
Dated March	29, Mr.J	, <u>202</u>	- 				
1440	Signature of	a member or auth	orized representati	ve of a member			
		Joyce	Shegari ed name of signed	<u> </u>			

Filing Fee: \$25.00