## L21000145424

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## **COVER LETTER**

TO: Registration Sec Division of Corp			<u>.</u> .	
suвјест: <u>Dady</u>	Crowe, LLC Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Ilush -	Am Reed Name of Person	<del>.</del>	_
	Daily	Cove, LLC Firm/Company		_
	1215 N.W	S5tt St, Unit S	>	_
	Paisule	FL 32605		_
	Frude 13 conc	City/State and Zip Code  Learing @ 9 mail o be used for future annual report notif	1. com	
For further information con	ncerning this matter, please ca	all:		
Name of	~ Reed	at (353) 2787 Area Code Daytime	C 27 & Telephone Number	т
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)	Certified	ite of Status &
<b></b>		0		

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

FILED

2022 JUN 17 PM 12: 01

Daily Crave LLC	pany as it now appears on our records:   LAMASSEE. FL   d Liability Company)
(A Florida Limited	d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 3.29.200 and assigned
Florida document number <u>L 21000145424</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Daily Crave Nutrition, L	.LC
The new name mest be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4350 SW 20th Ave
(Principal office address MUST BE A STREET ADDRESS)	Gaiselle PL 32607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1215 NW 55th St Unit 8 Garswell PL 32605
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registere</u> e
Name of New Registered Agent: No - P.J.	hange
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	ωρ cone

## 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 Persons) authorized to manage, enter the title, name, and address of early person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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Effecti	ve date, if other than the date of filing: 3.29.21 (optional)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
UOCUINC	ent's effective date on the Department of State's records.
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	I 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 dect.
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