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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	Fabio's Free	resh Distributions LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Rasheem Edward		
			Name of Person	
		Zenbusiness Inc		
			Firm/Company	· · · · ·
		5511 Parkerest Dr. Suite 1	03	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.cc	om to be used for future annual report no	nification)
For further in	iformation c	oncerning this matter, please c		aneanony
Zenbusiness	Inc c/o Rash	neem Edward	844 4936249	
Name of Person		at () Area Code Dayti	ime Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 tadditional copy is enclosed)
	ling Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.C). Box 632	7	The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

Fabio's Fresh Distributions LLC		2 JUL 15
	bility Company as it now appears on our records	
(A Fle	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number 1.21000311024	y Company were filed on 7/7/2021	and assigned
This amendment is submitted to amend the following	•	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words."	Limited Linkillity Community "the Androvation of LC"	The thir abbenium of 1.000
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX))	
B. If amending the registered agent and/or registon agent and/or the new registered office address her		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	7
	Flo	orida
	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, <u>enter the title, name, and address of each person_being added</u> . <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			■Remove
			☐ Change
			□ Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Remove
			□Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after iding.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 900 day an eight dis filed. Dated [14] [15] [16] [17] [18] [
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