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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	ereal Rush	BYOB LLC nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Virginio				
	<u>Cereal Ku</u>	ISh BYDB LLC	<u> </u>		
	1536 NE	Lith Ave			
		Me, FL 3264 City/State and Zip Code	<u>l- (</u>	<b>2</b> 1	
		by ob a gmail. Co		2021 AUS -4	
For further information of	concerning this matter, please c	all:		- Alto	. re. +
Virginia Name o	of Person	at ( <u>352</u> ) <u>278-</u> Area Code Daytime	4 283 Telephone Number	AK 8: 07	total
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Cereal Kush BY	OB LLC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		26 20 21 and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<del></del>
		<del></del>
B. If amending the registered agent and/or registe agent and/or the new registered office address her		rds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:	e . ea al	
	Enter Florida :	
	Cin-	, Florida 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Virginia M. Lynn	1536 NE 6th tre	GAdd
	•	Gainesville, FL 32641	□Remove
			□Change
			□Add
			□Remove
			□Change
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an effective dat lote: If the da	e, if other than the te is listed, the date must ate inserted in this blo ective date on the De	be specific and can ock does not meet	not be prior to dat the applicable:	e of filing or more	than 90 days after fequirements, this	iling.) Pursuan	t to 605.020 be listed a
record specifi is filed.	es a delayed effective	e date, but not an	effective time, a	it 12:01 a.m. on	the earlier of: (b)	The 90th da	ay after the
ated	ugust Vurge	Signature of a mem	2021.	W			
	()	Signature of a mem	ber or authorized	representative of	a member		
	~	nia M.					

Filing Fee: \$25.00