121000367421

| | (Requestor's Name) | | | |
|---|--------------------------|--|--|--|
| | (Address) | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-U | P WAIT MAIL | | | |
| | (Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



200392776682

09/15/22--01024--022 **25.00

COVER LETTER

| | egistration Sectivision of Corp | | | | | | |
|-------------|---------------------------------|--|--|------------------------|---|--------------|------------------------|
| | SHARKCUT | ERIE SNACK COMPANY, | LLC | • | • | | |
| SUBJECT | | | ited Liability Company | | <u> </u> | • | |
| | | Name of 12m | med Dannie Company | | | | |
| The enclos | ed Articles of A | mendment and fee(s) are sub | mitted for filing. | | | | |
| Please retu | rn all correspond | dence concerning this matter | to the following: | | | | |
| | | JESSICA L. HIGGINBOT | HAM | | | | |
| | | | Name of Person | | | | |
| | | | . <u></u> | | | | |
| | | | Firm/Company | | | | |
| | | 1931 WATERFORD EST. | ATS DRIVE | | | 22 | ž. |
| | | | Address | | | 2 SE | VISE VISE |
| | | NEW SMYRNA BEACH. | FL 32168 | | | SEP 16 | AVISION OF CORPORATION |
| | | | City/State and Zip Code | | | | COX |
| | | JESSHIGGNSB@GMAIL. | | | | = | - 19 N |
| | | E-mail address: (| to be used for future annua | il report notification |) | AH 10: 06 | |
| For further | information con | cerning this matter, please c | all: | | | 6 |)÷ |
| JESSICA L | HIGGINBOT | НАМ | 407 4 at () | 2§ -376-0509 | | | |
| | Name of P | erson | Area Code | Daytime Telep | hone 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 co | | S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er | itus & | |
| <u>M:</u> | iling Address: | | Street A | Address: | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| SHARKCUTERIE | SNACK COMPANY, LLC | |
|--|---|-----------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | |
| he Articles of Organization for this Limited Liability Comp | pany were filed on AUGUST 16, 2021 | and assigned |
| orida document number L21000367421 | | |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| 1/A | | |
| ne new name must be distinguishable and contain the words "Limited l | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | 22 8 |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | <u>\$</u> |
| | | <u> </u> |
| | | A. H |
| nter new mailing address, if applicable: | | 6 |
| Mailing address MAY BE A POST OFFICE BOX) | | 90 91: |
| | | - |
| | | |
| . If amending the registered agent and/or registered off | fice address on our records, <u>enter the na</u> | me of the new regi |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| 110 Megistered 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 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 |
|--------------|-----------------------------|------------------------------|---------------------------|
| AMBR | Higginbotham, Robert Wallis | 1931 Waterford Estates Drive | ≅ Add |
| | | New Smyrna Beach, FL 32168 | □Remove |
| | | | ©Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add 22 Silve □ Figmove |
| · | | | 16 Sign |
| | | | ☐€hange.: |
| | | | □Remove |
| | | | □Change |
| | | | 🖸 Add |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □p |

Typed or printed name of signee