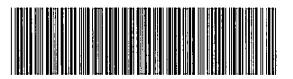
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Special Instructions to Fil	ing Officer:	

Office Use Only



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## **COVER LETTER**

Division of C	_	Ę	•	
Convivia	l Foodscapes LLC	•		
SUBJECT.	Name of Limi	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Stephanie Goebel			
		Name of Person		-
	ZenBusiness Inc.			
		Firm/Company		-
	5511 Parkerest Drive, Ste.	103		
		Address		-
	Austin, TX 78731			
	fulfillment@zenbusiness.co	City/State and Zip Code		-
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please ca	all:		
Stephanie Goebel c/o	ZenBusiness Inc.	844 493-6249		
Name	e of Person	at () Area Code Daytime	: Telephone Numbe	r
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifico	ate of Status &

MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Convivial roodscapes LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on c Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company florida document number 1.21000419033	were filed on 09/22/20	021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	llity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4518 NW 20th TERF	RACE Gainesville, FL 32605
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4518 NW 20th TERF	RACE Gainesville, FL 32605
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the ne
Name of New Registered Agent:		· · ·
New Registered Office Address:	Enter Florida sø	reet 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Clarence Willingham Eldridge III		Add
			_ ☐ Remove
		4518 NW 20th TERRACE Gainesville, FL 32605	■ Change
AMBR	Carmen Angela Eldridge		□ Add
			□ Remove
		4518 NW 20th TERRACE Gainesville, FL 32605	E Change
			☐ Remove
			Change
	<del></del>		
			□ Remove
			Change
			□ Remove
		<del></del>	□ Change
<u> </u>			Add
			☐ Remove
			Change

Effective date, if other than the date of filing:  (tran offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to AIS,0207  Note: If the date inserted in his block does not neer the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated    July 5	. If amending any other inform	nation, enter change(s) he	re: (Attach additional)	sheets, if necessary.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The poth day after the record is filed.  Dated July 5 2022  /s/ Clarence Willingham Eldridge III  Signature of a member or authorized representative of a member			·	
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	Clarence Willingham I	Eldridge III		

Page 3 of 3

Filing Fee: \$25.00