## L21000477837

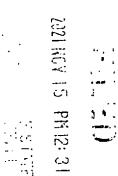
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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A BUTLER DEC - 1 2021

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Trunchy Star	ch Chunks	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:	
	Keesha	J Smith Name of Person	
	Crunchy	y Starch Chu	nks
	2309 NV	N 38 Terrace	
	Lauderda		1 33311
	(Smithe	City/State and Zip Code  Or 0 4 @ MS 1 - COT  to be used for future annual re	<u>m</u>
For further information of	ri-man address; it		port nottification)
Keesha J 8	mith	at ( <u>954</u> )	829 - 9888
Name of	<sup>*</sup> Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Add	ress:
Registration S		_	ion Section
Division of C P.O. Box 632	•		of Corporations re of Tallahassee
Tallahassee F			Monroe Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Orunchy Starch Chunks LLC

021 MGY 15 PM 12: 31

	10.49 51		<u> </u>	<del>* 15 PM</del>
( <u>Name of th</u>	ie Limited Liability Comp (A Florida Limited	pany as it now appear d Liability Company)	s on our records.)	.,_ 01
			11/1/2021	STATE
he Articles of Organization for this Lim	ited Liability Compan	y were filed on	11/4/2021	and assigned
lorida document number <u>L 2100</u>	0477837			
his amendment is submitted to amend the	he following:			
A. If amending name, enter the new n	ame of the limited lia	ibility company he	<u>re</u> :	
he new name must be distinguishable and conta	in the words "Limited Lia!	bility Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
_			•	
Enter new principal offices address, if	• •			<del></del>
<u>Principal office address MUST BE A S</u>	TREET ADDRESS)			
			<del></del>	
inter new mailing address, if applicab	le:			
Mailing address MAY BE A POST OF	FICE BOX)			
3. If amending the registered agent an		e address on our re	cords, <u>enter the na</u>	me of the new regist
gent and/or the new registered office	address nere:			
Name of New Registered Agent	<u></u>		<del></del>	
New Registered Office Address	j:			
		Enter Flori	ida street address	
			Florida _	
		City		Zip Code
ew Registered Agent's Signature, if char	nging Registered Agen	<u>t:</u>		
hereby accept the appointment as reg	zistered agent and as	ree to act in this c	apacity. I further a	gree to comply with
provisions of all statutes relative to the	e proper and complet	te performance of i	my duties, and I am	familiar with and
eccept the obligations of my position a				
eing filed to merely reflect a change i	in the registered offic	e address, I hereb	y confirm that the l	imited 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	Maurice D Smith	2809 NW 38 Terrace	_ □Add
		Lauderdale Lakes 7 33311	_ irRemove
			_ □Change
AMBR	Maurice D Smith	2309 NW 38 Tenace	_ ①Add
		Lauderdale Lakes # 3B/	/ _□Remove
			_ □Change
MGR	Keesha J Smith	2309 NW 38 Terrace	_ IzAdd
		Lauderdale Lakes A 3331	_ □Remove
	Å		_ □Change
AMBR	Dejáh A. Smith	2309 NW 3B Turace	_ i Add
		Lauderdale Lakes 4/38,	<u>//</u> □Remove
			□Change
	<del></del>		□Add
			_ Remove
			_ □Change
			🗀 Add
		<del></del>	_ □Remove
			_ □Change

Effective date, if other than the date of filing:	_	
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