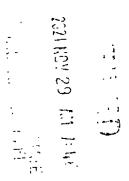
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COVER LETTER

	gistration Sec vision of Corp			,			
alus 111220		Pretzels, LLC		•			
SUBJECT:		Name of Limited Liability Company					
The enclose	d Articles of A	Amendment and fee(s) are subn	nitted for filing.				
Please retur	n all correspon	dence concerning this matter t	o the following:				
		Brian Palmer, CPA					
			Name of Person				
		Palmer Accounting Group,	PA				
			Firm/Company				
		5652 Marquesas Circle					
	•		Address				
		Sarasota, FL 34233					
			City/State and Zip Code	<u> </u>			
		DAVE@SOUTHERNCREA					
		E-mail address: (t	o be used for future annual report noti	fication)			
For further	information co	ncerning this matter, please ca	ll:				
Barbara Pa	lmer		941 922-4744				
	Name of	Person	at () Area Code Daytim	e Telephone Number			
Enclosed is	a check for the	e following amount:					
■ \$25.00	Filing 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 (additional copy is enclosed)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ann Marie's Pretzels, LLC (Name of the Limited Liability Company as it now appears on our records:) 129 11 1-4 The Articles of Organization for this Limited Liability Company were filed on 11-16-2021 Florida document number L21000491831 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ann Marie's Soft Pretzels, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			Remove
			Remove
			□Change
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fective date, if other than the d	late of filing: be specific and canno	-22-2021 ot be prior to date o	f filing or more than 9	(optional) 0 days after filing.) Po	nrsuant to 605.020
te: If the date inserted in this bloc cument's effective date on the Dep	ik does not meet to partment of State's	he applicable stat s records.	utory filing require	ments, this date wil	ll not be listed a
ecord specifies a delayed effective is filed.	date, but not an ef	fective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 9	0th day after the
ted November 22	. 202	21			