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| Certified Conies                        | Certificate       | s of Status |  |  |
| Certified Copies Certificates of Status |                   |             |  |  |
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| Special Instructions to                 | Filing Officer:   |             |  |  |
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S. PRATHER

## **COVER LETTER**

| TO:    | Registration Section<br>Division of Corporation | ens   |  |   |
|--------|---|---|--|---|
|        | Mac   | robiotick:td                                  | hon IIC                                    |   |
| SUBJI  | ECT:  | Name of Limite                                | ed Liability Company                       |   |
|        |   |   |  |   |
| The en | closed Articles of Amena                        | lment and fee(s) are subm                     | itted for filing.                          |   |
| Please | return all correspondence                       | concerning this matter to                     | the following:                             |   |
|        | ~   | earn Coun                                     | nor  |   |
|        | <u>-</u> -                                      | regari  | Name of Person                             | <del></del>   |
|        |   | ·   | Firm/Company                               |   |
|        | <u> </u>  | ea Snug Llan                                  | -bor Dr #D14<br>Address                    |   |
|        | <u> </u>  | boynton Bec                                   | City/State and Zip Code                    |   |
|        |   |   | p bc used for future annual report notific |   |
| For fu | orther information concern                      | ning this matter, please ca                   | ll:  |   |
| Ma     | gan O Cony<br>Name of Perso                     | <b>∖D</b> ∕                                   | at (954 ) 479 ~ 40<br>Area Code Daytime    | 48<br>Telephone Number  |
| Enclo  | sed is a check for the foll                     | owing amount:                                 |  |   |
| □ \$   | 25.00 Filing Fce                                | \$30.00 Filing Fee &<br>Certificate of Status | (additional copy is enclosed)              | Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed) |
|        | Mailing Address:<br>Registration Secti          | on <sub>.</sub>                               | Street Address: Registration Sec           |   |

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Macrobiotic Kitchen LLC   |  | 2022                     |
|---|--|--------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | any 25 it now appears on our records.)<br>Liability Company) |                          |
| The Articles of Organization for this Limited Liability Company Florida document number Lalooo505162  This amendment is submitted to amend the following: | , 1  | AN III E D               |
| A. If amending name, enter the new name of the limited lia  | bility company here:   |                          |
| Living Green Taday LLC.  The new name must be distinguishable and contain the words "Limited Liat   | oility Company." the designation "LLC" or the ab             | obreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  | 132 SNUY Harbor Dr<br>Boynton Book FL 33                     | #014<br>3435             |
| Timesput byfice address in Col De Action 1992   | (same)   |                          |
| Enter new mailing address, if applicable:   |  |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                          |
|   |  |                          |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | e address on our records, <u>enter the nan</u>               | ne of the new registered |
| Name of New Registered Agent:   |  |                          |
| New Registered 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 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| (if an en<br>Note:    | ive date, if other the fective date is listed, the late inserted ment's effective date | in this block do  | es not meet the  | applicable statute  | ling or more than 90<br>ory filing requiren | (optional) days after filing.) Purseents, this date will | mant to 605.0207<br>not be listed as ( |
| ne recor<br>ord is fi | rd specifies a delayed<br>led.   | d effective date, | but not an effec | ctive time, at 12:0 | )1 a.m. on the earl                         | ier of: (b) The 901                                      | h day after the                        |
| D . 1                 | 6/7/2022   |                   |                  |                     |   |  |  |
| Dated                 |  |                   |                  |                     |   |  |  |

Filing Fee: \$25.00

| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |                                    |
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| E. Effective date, if other than the date of filing:   | -<br>05.0207 (3)(b)<br>sted as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftercord is filed. | er the                             |
| ecord is fried.  | 3N99                               |
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| Hegan Oannor Typed or printed name of signee   | 05                                 |