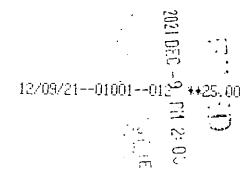
L21000513634

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)
(Ċ	Document Number)	
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:		

Office Use Only



300377213283





A. BUTLER
DEC = 9 2021

COVER LETTER

TO:

TO: Registration Sec Division of Corp			
orn wer	BR Snacks	LĹĹ	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Rodrey 1	Name of Person	
		FirmyCompany	
	3011 Heathe	r WAY Address	
	Lakeland F	City/State and Zip Code	
For further information c	E-mail address: (i) oncerning this matter, please co	o be used for future annual report noti	lication)
		at () Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee be Street, Suite 810
Tallahassee,	FL 32314	2415 N. MONTO	ie Succi, Suite 910

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	21000513 6	3 Yand assigned
Florida document number <u>L 21006.513.63.4</u>		12-7-21	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the ab	breviation "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 agent and/or the new registered office address here:	address on our t	records, <u>enter the nan</u>	ie of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zin Carlo
and the second second second second second			zap com
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of provided for in	f my duties, and Lam Chapter 605, F.S. Or	jamiliar with and , if this document is
If Ch:	inging Registered A	gent, Signature of New R	egistered 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Note: If t	date, if other than the date of filing:	9207 d as
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated[2-9-21 Signature of a member or authorized representative of a member	
	Rudney 5 Way Typed or printed name of signee	

Filing Fee: \$25.00