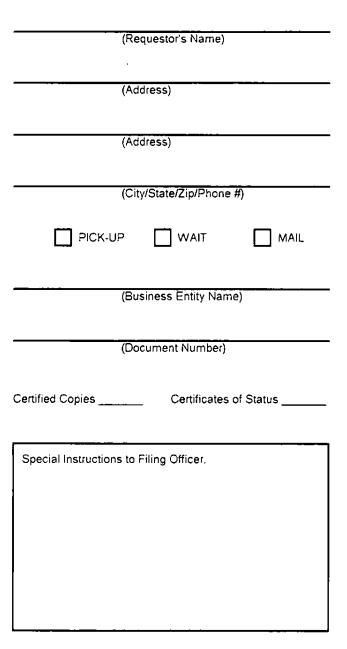
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Office Use Only





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COVER LETTER

	Division of Co			
OUD IEZ	OVER TH	E TOP SALAD DRESSING A	* • • ND MARINADE LLC	
SOBJĘC	-1; <u>≉</u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MICHAEL SHAER		
			Name of Person	•
			Firm/Company	
		23361 DRAYTON DRIVE	3	
			Address	
		BOCA RATON, FL 33433	3	
		SHAER.JOANNE@GMAI	City/State and Zip Code L.COM	
		E-mail address: (to be used for future annual report no	tification)
For furth	er information c	concerning this matter, please c	all:	
MICHAI	EL SHAER		561 305-0114 at()	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OVER THE TOP SALAD DRESSING AND MARINADE LLC.

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number L22000095174	Company were filed on 02/21/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MONEY WRAP LLC		
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
		2024 SS:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		[∞] - π π
		1 2 D
		F. 2
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
<u> </u>		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
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Remove
			□ Change

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