L22000111725

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SECRETARY OF STATE OF CURTORATIONS

22 APR -5 PM 2: 59

T. MATTHEWS APR 19 2022

COVER LETTER

TO: Registration Section Division of Corpor			•
subject: Stanbe	RRY Snack	S LLC ted Liability Company	-
The enclosed Articles of Am	endment and fee(s) are subn	nutted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
é	Demetrius_	Stanberry Name of Person	
	Stanberry	Snacks 1	LLC
(1990 Baymea	adbus Pd E	Unit 1007
(Jacksonville	Florida 32 City/State and Zip Code	256
<u>.</u>	Stanberysn E-mail address: (to	acks @ gmail, obe used for futury annual report no	COM offication)
For further information conc	erning this matter, please cal	II:	
Demetrius S- Name of Per	fan beprey	at (<u>904</u>) <u>844</u> Area Code Days	- 1570 ime Telephone Number
Enclosed is a check for the fo	ollowing 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 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION/ISION-OF CORPORATION:

	Ç/I	22 APR -5	PM 2: 59
nberry	Snacks	LLE	

Name of the Linkited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 7 The Articles of Organization for this Limited Liability Company were filed on March 03, 2022 and assigned Florida document number L22000111725 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 _, Florida ___

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.

City

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
AP	Kelsey Clyne	7990 Baymeadows Rd E	□Add
		Unit 1007	XRemove
		Jacksonville, FL 32256	□Change
AMBR	Demetrius Stanberry	7990 Baymeadows	XAdd
	1	Rd E Unit 1007	
		Jacksonville, FL 32250	□Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			[]Change
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			□Change
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<u>te:</u> H	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 filing date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ted <u>[</u>	March 31 2022.
	$\mathcal{O}(\mathcal{A})$
	ignature of a member or authorized representative of a member

Filing Fee: \$25.00