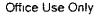
L22000125666

(Red	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE EI

COVER LETTER

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TO:	Registration Se Division of Corp			
		FREE TO N	OSH LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		BIANCA QUALLO		
			Name of Person	
		FREE TO NOSH LLC		
			Firm/Company	
		304 INDIAN TRACE #71	9	
Address				
WESTON, FL 33326				
			City/State and Zip Code	
		NUTRITION@FREETON	OSH.COM to be used for future annual report notification)	
For fu	rther information c	oncerning this matter, please c		
BIAN	ICA QUALLO	-	954 246-4036 at ()	
	Name o	f Person	Area Code Daytime Teleph	one Number
Enclos	sed is a check for th	ne following amount:		
≅ \$:	25.00 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 Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ss ee it, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FREE TO NOSH LLC			
(Name of the Lim	ted Liability Comps (A Florida Limited	nny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I. Florida document number L22000125666	iability Company.	were filed on MAF	and assigned and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company her	2:
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		300 S PINE ISLAND RD, STE 233	
		PLANTATION, FL 33324	
Enter new mailing address, if applicable:		304 INDIAN TRA	ACE #719
(Mailing address MAY BE A POST OFFICE BOX)		WESTON, FL 333	326
B. If amending the registered agent and/or agent and/or the new registered office address	registered office ss here:	address on our rec	ords, enter the name of the new registe
Name of New Registered Agent:	IVY LYNN DI	EFINO	
New Registered Office Address:	New Registered Office Address: 300 S PINE ISLAND RD STE 233		
		Enter Florid	a street address
	PLANTATION	٧	, Florida ³³³²⁴
		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 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 Regulered Agent, Signature of Niew Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Actio
MGR	BIANCAN QUALLO	12435 EMERALD CREEK MANOR	□Add
		DAVIE, FL 33325	■Remove
			□Change
MGR	BIANCA QUALLO	304 INDIAN TRACE #719	B Add
		WESTON, FL 33326	□Remove
			Change?
			Shanger COTALL HAS DEE
		<u> </u>	Citange &
			□Add
		· · · · · · · · · · · · · · · · · · ·	Change
<u></u>			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change

If amending any other inform	nation, enter change(s) he	re: (Attach additional shee	is, if necessary.)
			
			
		-	
Effective date, if other than t (If an effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	must be specific and cannot be pri block does not meet the appl	or to date of filing or more than 9 icable statutory filing require	(optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed
ne record specifies a delayed effectord is filed.	tive date, but not an effective	time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after t
Dated NOVEMBER 10	, 2022	·	
Banca (Quallo	thorized representative of a mem	her
	Signature of a member of au	июн ден тергезентануе он а те т	uc.
BIANCA QUALLO		nted name of signee	
	: ypcu or pri	were nervice of pignice	

Filing Fee: \$25.00