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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	···-
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DIVISION OF COKPORATIONS

27 APR 18 ANII: 55

T. MATTHEWS MAY 2 5 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Fas (na)	Name of Limited Liability Company		
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.		
Please return all correspondence co	ncerning this matter to the following:		
	RYAN VANDER WIELEN Name of Person		
	FAU GALLIE CREAMERY Firm/Company		
	1579 Avocado Ave.		
	Nouic33		
	City/State and Zip Code		
-	City/State and Zip Code		
	AUGALLIECREAMERY & GMail. (an E-mail address: (to be used for future annual report notification)		
For further information concerning	this matter, please call:		
RYANVANDE	12 WEELEN at 321 358-4154 Area Code Daytime Telephone Number		
Name of Person	Area Code Duytime Telephone Number		
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee	.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, retificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION OF CORPORATIONS OF

22 APR 18 AM 11:55

(A Florida I.	imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on Trusco 24, 2002 and assigned
Florida document number <u>LA3000 45 75</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>-</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	1431 Highland Aue. (Business)
New Registered Office Address:	1431 Highland Aue. (Business) Enter Florida street address
Me	(baurne Florida 32935 Zip Code
New Registered Agent's Signature if changing Registered	å gent:

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
AMBR	Stapan Re-Kelly	usod Highland Ave	NAdd
		Melion notifi 38035	
	,		□ Change
AMBR	RYAN VANDERWIELEH	1579 Avocado Ave.	5 4∧dd
	Collect	Malboure, FL 32935	□Remove
			□Change
MGR	RYAN Wielen incorrect	1579 Auccado Aue.	
	incorrect	melboure, FL 32435	Kemove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	We made a Mistake + PUT RYAN Wielen
	INSTEAD OF RYPLY VANDER WIELEN. ALSO
	We made a Mistake + PUT RYAN Wielen instead of RYAY VANDER WIELEN. Also adding Shalon Poe-Kelly as authorized
	member.
	rreriser.
_	
_	
_	
	·
_	
(If an effection Note: II	e date, if other than the date of filing:
ecord is file	
Dated _	2001 11 . 2022.
	94 Pro-Kellin
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00