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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MAO Flagler	LLC	
		ted Liability Company	
701 - 1 A 2 1 - 8		otas dan satitis	
	Amendment and fee(s) are subn		
Please return all correspo	indence concerning this matter to	o the following:	
	Robert -	T. ANNEV.	
	+	,	
	Impeccable 5	Smoothies Holding	s Lic
	1200 N Fe	ederal Hwy Su	te 200
	Bora Kut	ON PL 3343 City State and Zip Code	<u> 3</u> 2
	L-mail address:	Oity State and Zip Code Okt Tonner, biz be used for inture annual report	notification)
For further information c	oncerning this matter, please ca		
Lober.	t Tanner	at (<u>717</u>) Area Code Da	3915168
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	ne 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)

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 ARTICLES OF ORGANIZATION

OF

FILED

TMAD T	Fluster	LIC		of GU
(Name of the Limit	ed Lisbility Comp (A Florida Limite)	pany as it now appe d Liability Company	SECRETARY	OF STATE
The Articles of Organization for this Limited L Florida document number <u>L220002</u>	iability Compan	ny were filed on _	4/28/200	SSEE. FL and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company l	nere:	
The new name must be distinguishable and contain the w	ords "Limited Lial	bility Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T.ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office s <u>s here</u> :	e address on our	records, enter the n	ame of the new registe
Name of New Registered Agent:	_tmpc	ccable_Sm	oothics Holdin	15 LLC
New Registered Office Address:	1-200	N Federal	they Sucte	200
	<u> Bocc</u>	e_Raton_	rīda sīrēģi address , Florida	33432
New Registered Agent's Signature, if changing I	Registered Agen	1:		2 dec san

Thereby 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 Restered 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
MGR	Impeccable Smoothes holdings LLC	1200 N Federal Hwy	=
		Svite 200 Beca Raton Fl	<u> </u>
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<u>te:</u> It the da	if other than the is listed, the date mus e inserted in this blo ctive date on the De	ock does not mee	et the applicabl	date I filing or n le statutory filin	DD (sore than 90 days g requirements	optional) after filing.) Pur s, this date will	suame to 605.020 not be listed as
s filed	s a delayed effective			r, at 12:01 a.m.	on the earlier c	of: (b) The 90i	h day after the
ed	5/19/20	, 	7. 				
	,	l l	XX				
		Signature of a mer	nber brauthoriz	ed representative	of a member		