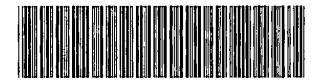
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Office Use Only

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COVER LETTER

Registration Section Division of Corporations

	Name of Lim	nited Liability Company	
osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
eturn all correspo	indence concerning this matter	to the following:	
	PATRICIA CLAROS		
		Name of Person	
	TAXOKAY, INC		
		Firm/Company	
	11555 HERON BAY BL	VD SUITE 267	
	_	Address	_
	CORAL SPRINGS, FL 33	6076	
		City/State and Zip Code	
	patty@taxokay.com		
	E-mail address: (to be used for future annual report not	ification)
er information c	oncerning this matter, please c	all:	
TIA CLAROS		954 489-8283	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
I is a check for th	ne following amount:		
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

PULPI FRESH LLC	
-----------------	--

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

document number <u>L22000357025</u> .			
nendment is submitted to amend the following:			
mending name, enter the new name of the limited lia	bility company here:		
name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	obreviation "	L.L.C."
new principal offices address, if applicable:	5673 NW 120TH AVE. CORAL SPRIN	NGS, FL 33	3076
pal office address MUST BE A STREET ADDRESS)		<u> </u>	·
		<u> </u>	
new mailing address, if applicable:	5673 NW 120TH AVE, CORAL SPRIN	NGS, FL 33	3076
g address MAY BE A POST OFFICE BON			
nd/or the new registered office address here:	address on our records, enter the nam	ne of the ne	ew registo
	address on our records, enter the nam	ne of the ne	ew registo
nd/or the new registered office address here:	·	ne of the ne	ew registo
Name of New Registered Agent:	address on our records, enter the name address on our records on our rec	ne of the ne	ew registe
	Enter Florida street address , Florida	199 1171 4 - F1 - 31	ew registo
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City	199 1171 4 - F1 - 31	ew registo
Name of New Registered Agent:	Enter Florida street address , Florida City	199 1171 4 - F1 - 31	ew registe

If Changing Registered Agent, Signature of New Registered Agent

iding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

oved from our records:	8 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
			
= Manager			

= Authorized Member

Name	<u>e</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<u> </u>			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

ding any other info	mation, enter cha	nge(s) nere. (Al.	шен ишинта м	iceis, y necessar	.v.)	
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				<u>-</u> .		
					 	
						
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e date, if other than tive date is listed, the date the date inserted in thi at's effective date on the	must be specific and ca is block does not mee	et the applicable st	of filing or more than atutory filing requi	(optional) 190 days after filing frements, this date	(,) Pursuant to 605.02	107 as
specifies a delayed effe l.	ective date, but not an	i effective time, at	12:01 a.m. on the	earlier of: (b) Tl	he 90th day after th	າຕ
eptember 23	<u> </u>	2022				
10/m	(1 ·) 1 · (/ / P		epresentative of a mo	ember		
CESAR A. ARISTI	7 A D A I					

Filing Fee: \$25.00