Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

er the email address for this business entity to be used annual report mailings. Enter only one email address please **Enter the email address for this business entity to be used for

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POULOS SNACKS LLC

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C. BRUMBLEY

UEL - 8 2022

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Poulos Snacks LLC	
(<u>Name of the Limited Liability Company as it now appead</u> (A Florida Limited Liability Company)	ars on our records,)
The Articles of Organization for this Limited Liability Company were filed on Definited document number <u>L22000361212</u> .	08/16/22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	iere:
The new name must be distinguishable and contain the words "Limited Liability Company." the Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2022 (
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED DEC-8 PH 5: 33 NEC-8 PH 5: 33
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address

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.

Cin

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>	Name	Address	Type of Action
AMBR	Panagiotis Panagiotopoulos	3245 Linden Dr	Xi Add
		Sarasota FL 34232	□Remove
			□Change
			□Remove
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			□Add
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