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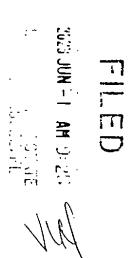
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COVER LETTER

TO: Registration Section Division of Corporations

CARIBBEAN POTATOES LLC

SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TREY MCARTHUR		
		Name of Person	
	CARIBBEAN POTATO H	OSPITALITY LLC	
		Firm/Company	
	11401 DR MLK Jr ST N. A	PT 1101	
		Address	
	ST. Petersburg, FL, 33716		
		City/State and Zip Code	
	treyomcarthur@gmail.com		
	E-mail address: (1	o be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ca	all:	
Trey McArthur		727 389-4644	
	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

CARIBBEN POTATOES LLC

(<u>Name of the Limited Liahil</u> (A Florid	lity Company as it now appears on o da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on 10/10/20	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
CARIBBEAN POTATO HOSPITALITY LLC				
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<u></u>	- I		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	reet address		
	A CONTRACTOR OF			
	City	Florida Zip Code		
New Registered Agent's Signature, if changing Registere	ed 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.

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
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			□Remove
			Change
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			□ Change

Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not idocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date ord is filed. [14h of May 2023	
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Dated	alter the
Dated	
Signature of a member or authorized representative of a member	_
Signature of a member of authorned representative of a member	

Filing Fee: \$25.00