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COVER LETTER

TO: Registration So Division of Co			
eun Per	DEF7 NUTZ	+ MORE, LLC	
SUBJECT:		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:	
	Sne	Name of Person	
	Deez N	JUTZ + MORC, L	<u>-LC</u>
	<u> 711 L</u>	GYYY DYIVC	
	Dela	NO, FL 32724 City/State and Zip Code	
	E-mair address: (IDNUTZEGMAII.	
For further information of	concerning this matter, please ca	all:	
Shella	CUOPCT of Person	at (<u>386</u>) <u>433 -</u> Area Code Daytim	3238 ETelephone Number
Enclosed is a check for t	he following amount:		
S \$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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UEEZ NUTZ + N		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000 444 615</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile JIGG PNUTZ WITH G TWIST The new name must be distinguishable and contain the words "Limited Liability".	T, LLC	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	711 Larry Drive Deland, FL 32724	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	711 Larry Drive Deland, Fl 3272	4 3
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the nam</u>	e of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code

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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	from our records:		
MGR = Mar AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗆 Add

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory filiment's effective date on the Department of State's records.	more than 90 days after tiling.) Pursuant to 605.0, ing requirements, this date will not be listed
filed.	
d	
Signature of a member or authorized representation	

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Filing Fee: \$25.00