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COVER LETTER

	Registration Sec Division of Corp		•	
SUBJEC	Snacks By J			
SUBJEC	··	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub- ndence concerning this matter	-	
		Sofia Vasquez		
		· · ·	Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite 3	301	
			Address	<u>. </u>
		Tallahassee, FL 32301		
		6.1511	City/State and Zip Code	
		fulfillment@zenbusiness.co E-mail address: (t	m to be used for future annual report	notification)
For furthe	r information co	oncerning this matter, please ca	all:	
c/o ZenB	usiness INC		844 493-624 at ()	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Snacks By Jaxson LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.23000003330		
his amendment is submitted to amend the following:		2023 JUN 21
. If amending name, enter the new name of the limited liab	ility company here:	
Sugar Rush Events LLC		7
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation L.L.C.
inter new principal offices address, if applicable:		A 50
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	 	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	<u>ie name of the new registo</u>
che androi the new registered office address here.		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
-	Enter Florida street address	
	Flor	ida
	City	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 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
AMBR	Meghan DeMasse	11443 Green Harvest Drive	≡ Add
		Riverview, FL 33578	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change
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Iffective date, if other than th	e date of filing	·		(or	otional)		
Iffective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this belocument's effective date on the I	ist be specific and block does not n	cannot be prior neet the applica	able statutory fi	r more than 90 days a	fter filing.) Pursuant to	605.0 listed	0207 d as
record specifies a delayed effecti d is filed.	ve date, but not	an effective ti	me, at 12:01 a.r	n, on the earlier of:	(b) The 90th day	after '	the
06/07 Dated		2023					
			_				

Filing Fee: \$25.00

Typed or printed name of signee