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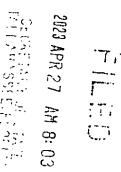
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A. RIVERS
JUN 1 4 2023

COVER LETTER

TO:

TO: Registration : Division of Co			
	eeze Mixers LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Amy L Davis		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Main Squeeze Mixers LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	11 Buck Thorne Dr		
		Address	
	Fernandina Beach, FL 320	34	
		City/State and Zip Code	
	amy.davis1313@gmail.con		
	E-mail address: (to be used for future annual report noti	ification)
For further information	concerning this matter, please c	all:	
Amy L Davis		352 672-8527	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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 Addra Registration		<u>Street Address:</u> Registration Sec	ction
_	Corporations	Division of Cor	
P.O. Box 63	27	The Centre of T	•
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Main Squeeze Mixers LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 10, 2023 and assigned Florida document number ______L23000175407 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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.

City

. Florida

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
MGR	Amy I. Davis	11 Buck Thome Dr	≣Add
		Fernandina Beach, FL 32034	□Remove
MGR	Derek M Davis	11 Buck Thorne Dr	🗀 Add
		Fernandina Beach, FL 32034	Remove
			Change
		 	□Add
			Change
			□Add
			🗆 Remove
			□Change
			□Add
			□ Remove
			□Change
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			Remove
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fan effective date is liste <u>Note:</u> If the date inse	ner than the date of ed, the date must be speci rted in this block does date on the Departmen	ific and cannot be prions to the prions of the second in t	or to date of filing or r cable statutory filin	nore than 90 days after I	nal) iling.) Pursuant to 605.0207 date will not be listed as
record specifies a de d is filed.	layed effective date, b	ut not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
April 24		2023			
	A. Dic) ,)	· ·		
		(水、ハン)			

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