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Division of Comprations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : I20200000179 : (786)253-9951 : (305)397-1052

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

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Help

S. ROBERTS

HZ3000355854.

Ta:

From: Whole Tax Professional Service Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Co	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Torida document number <u>L23000175518</u>	any were filed on 04/10/2023	and assigned
his amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited	liability company here:	
FORK MEALS, LLC		
The new name must be distinguishable and contain the words "I imited I	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		۲.>
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
on a company of the confliction		
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	. Flor	rida
	Cin	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

_ Change

Page:3 of 4

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			□Remove
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record specifies a delayed effect d is filed	ve date, but not an	effective time	, at 12 01 a.m. or	the carber of: (b)	The 90th day after the
Dated September 11	:	2023			
/MV4					
	Vanessa Signature of a men	2 D Arms	la		

Typed or printed name of signee