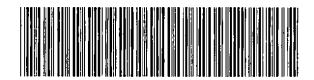
LZ3000289329

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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COVER LETTER

TO:

Registration Section

Division of Cor	porations	* ' ' '	*
SUBJECT:		ited Liability Company	
The real and Amiolog of	A second second used foods \ are such	mittad Con Elina	
The enclosed Afficies of	Amendment and ree(s) are sub	muce for thing.	
Please return all correspo	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Debra Cribb		
	Debra Cribb		. •
	 	Name of Person	
	French Magnolia, LLC.		
		Firm/Company	
	45932 Bismark Road		,
		Address	
	Callahan, FL. 32011		
		City/State and Zip Code	
	•		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Debra Cribb		904 521-0799	
Name	of Purvon		e Telephone Number
Name o	n i cison	Area evae 17ayum	e receptotic realises
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ction
Division of C		Division of Cor	
P.O. Box 632	=	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

French Magnolia, LLC.		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company (L23000289329) Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		19
		: : .5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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
MGR	Brian Cribb	45932 Bismark Road	
		Callahan, FL 32011 US	■Remove
			□Change
			□Add
			Remove
			Change
			DAdd
			Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

,	- Address		
			
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		4] 12	8
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		,	77
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effective date is listed, the date m e: If the date inserted in this	ne date of filing: just be specific and cannot be prior to date of filing block does not meet the applicable statutor Department of State's records.	ng or more than 90 days after filing.) Pursua	nt to 605.02 t be listed
ord specifies a delayed effect filed.	ive date, but not an effective time, at 12:01	I a.m. on the earlier of: (b) The 90th of	lay after th
June 19	2023		
ed	··		