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## **COVER LETTER**

го:	Registration Second Division of Corp.		·	
SUBJE	:ст:	Freeze - O Name of Limit	dried Sweet	<u>+5</u>
The end	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please i	return all correspon	dence concerning this matter t	o the following:	
			Lon Gur	
			Freeze-Dried Firm/Company	Sweets
		500	0 Highway 17	Suite 18-140
		F	Jening 15 lav City/State and Zip/Code	M, FL 32003 mail. com
		E-mail address: (to	on gunn 11@ Cobe used for future annual report notif	ication) Com
For furt	ther information cor	ncerning this matter, please ca	II:	
	Name of I	Gunn		II-2608 Telephone Number
Enclose	ed is a check for the	following amount:		
□ <b>\$</b> 25	5.00 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 Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

4.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freeze	-Dried Swe	eets LLC
(Name of the Limited Liability Compa (A Florida Limited)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $8/10$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		6
Enter new mailing address, if applicable:		7 =
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, g	enter the name of the new registered
New Registered Office Address:		· 
<del> </del>	Enter Florida street o	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<b>\-</b>
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 dution provided for in Chapter (	es, and I am familiar with and 605, F.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>	Name	Address	Type of Action
<u>ngr</u>	Faith D. Welch	5000 US Hwy 17	□Add
		Soo US Hwy 17 Suite 18-140 Fleming Island, FL 32003	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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ffect	ive date, if other than the date of filing: (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recoi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is fi	
	/ /
ated	10/11/23
uica	
	Lou Min
	Signature of a member or authorized representative of a member