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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:					
CUD ICA		Food Safety LLC			
SUBJEC	k-1;	Name of Lin	nited Liability Company		
			•		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Charles Hay			
		<u> </u>	Name of Person		
		On The Fly Food Safety L	LC		
Division of Corporations On The Fly Food Safety LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Charles Hay Name of Person On The Fly Food Safety LLC Firm/Company 9438 Whittington Drive Address Jacksonville, Florida 32257 City/State and Zip Code charleshay428@gmail.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Charles Hay Name of Person Nume of Person Nume of Person City/State and Zip Code charleshay428@gmail.com E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification) E-mail address (to be used for future annual report notification)					
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filting tease return all correspondence concerning this matter to the following: Charles Hay				
			Address		
	Jacksonville, Florida 32257				
			City/State and Zip Code	- 4	
				2023 SEC	
For furth	ser information o		·	2023 NOV 14 AMII: 32 SECKLIMA (OF STATE TALLAMASCEE FL	
		oncerning this matter, prease c			
Charles			at ()		
	Name o	f Person	Area Code Daytime Telephone Number	E FI A	
				32	
Enclosed	is a check for th	•			
			Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Co	of Status &	
	Mailing Addres Registration S		Street Address: Registration Section		
	Division of C		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On The Fly Food Safety LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nied Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on November 02, 2023	and assigned
Florida document number L23000499685		
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 "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>sy</u>	
		
		723 P
Enter new mailing address, if applicable:	9438 Whittington Drive	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville,FL 32257	
		A 0
		E.S.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the na	me of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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	Charles Hay	9438Whittington Drive Jacksonville,FL 32257	= Add
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ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b nument's effective date on the E	st be specific and canno lock does not meet th	ne applicable	ate of filing or me e statutory filing	ore than 90 days afte	ional) r filing) Pursuan is date will not	t to 605.02 be fisted
ecord specifies a delayed effectives filed.	ve date, but not an ef	fective time,	at 12:01 a.m. c	on the earlier of: (b) The 90th da	ay after th
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Filing Fee: \$25.00