124000086514

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SECRETARY OF STAT

COVER LETTER

TO:

TO: Registration 5 Division of Co			
	's Gourmet Purce, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	f Amendment and fee(s) are sub-		
Please return all corresp	condence concerning this matter	to the following:	
	Kelly Scoville		
		Name of Person	~
	Mr. Mark's Gourmet Puree.	. LLC	SE CR
		Firm/Company	ETA A
	4030 E. Dawson Drive		TARY OF
		Address	
	Inverness, FL 34453		CRETARY OF STATE
		City/State and Zip Code	
	KellyS.MMGourmetPuree@	gmail.com o be used for future annual report notific	eation)
For further information	concerning this matter, please ca	·	auton /
Kelly Scoville		352 228-3421	
Name	of Person		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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr. Mark's Gourmet Puree, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 2/19/2024	and assigned
Florida document number L24000086514		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
		202 SE
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	
Inter new principal offices address, if applicable:		THE R
Principal office address MUST BE A STREET ADDRESS)		22 17
	4	SEP E D
		OF STATE
nter new mailing address, if applicable:	<u></u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new register
Name of New Registered Agent:		
New Burletand Office Address		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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	Kelly L Scoville	Founder/President	
		4030 E. Dawson Drive	= Remove
		Inverness, FL 34453	□Change
AMBR	Britny Griffith	Vice President	
		215 W. Casurina Place	S Remove
		Beverly Hills. FL 34465	SECRETAR Change
			SSE DANGE
			□Change
			⊐Add
			Remove
			□Change
			JAdd
			= Remove
			□Change
			⊐Add
			= Remove
			□Change

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Effective date, if other to the self-ctive date is listed, the Note: If the date inserted document's effective date	date must be speci in this block doe	rific and cannot be s not meet the ap	plicable statuto	ng or more than 90		e) Pursuant to 60	
e record specifies a delayed d is filed.	l effective date, t	out not an effecti	ve time, at 12;0	I a.m. on the earl	ier of: (b) T	he 90th day afte	er the
Dated February 29		. 2024					
			n				