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COVER LETTER

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CHDIEZT		ace Southwest FL, LLC		
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Leah Bennion		
			Name of Person	
		Meridian Law, PLLC		
		-	Firm/Company	·
		5141 Virginia Way, Suite	320	
			Address	
		Brentwood, TN 37027		
			City/State and Zip Code	
		leah.bennion@meridian.lav	w (to be used for future annual report notifi	igution)
For further	information co	oncerning this matter, please o	·	reality)
Leah Benn	Leah Bennion 615 229-7499			
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Fresh Space Southwest FL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/11/2024 and assigned Florida document number $\underline{L24000120129}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A Fresh Space SWFL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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	Elizabeth Jenkins	2014 Cedarmont Dr	
		Franklin, TN 37067	■Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
AMBR	A Fresh Space LLC	188 Front St Ste 116-44	■Add
		Franklin, TN 37064-5078 USA	□Remove
			□Change
			□Add
			□Remove
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record specifies a delayed The 90th day after the rec	l effective d ord is filed.	late, but no	t an effectiv	ve time, at	12:01 a.m. d	on the earli	ier o
July 8th	<u> </u>	2024	_				
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CE	Signature of a r	member or author	prized represents	utive of a memb	ar .		

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