

To: 9/24/24, 4:52 PM

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2024-09-25 10:12:19 UTC+14

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From: ZenBusiness User

Division of Corporations

Florida Department of State

H24000325558 3

L24000325558 3
Division of Corporations
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((H24000325558 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

STATE OF FLORIDA
DIVISION OF CORPORATIONS
FALL, FLORIDA

2024 SEP 24 PM 4:28

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FUNKIN GOOD FOODS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

SEP 30 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000325558 3

Funkin Good Foods 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 04/04/2024 and assigned
Florida document number 1.24000161515.

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 ADDRESS)

7447 Sherwood Crossing Pl

Apt 401

Mechanicsville, VA 23111

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7447 Sherwood Crossing Pl

Apt 401

Mechanicsville, VA 23111

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OFFICE OF THE CLERK
JANUARY 11, 2025
STATE OF FLORIDA
TALLAHASSEE, FL

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Colin Long	7447 Sherwood Crossing Pl	<input type="checkbox"/> Add
		Apt 401	<input type="checkbox"/> Remove
		Mechanicsville, VA 23111	<input checked="" type="checkbox"/> Change
AMBR	Shannon Todd	7447 Sherwood Crossing Pl	<input type="checkbox"/> Add
		Apt 401	<input type="checkbox"/> Remove
		Mechanicsville, VA 23111	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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