

To:

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2024-06-06 10:06:29 UTC+14

18506176383

From: ZenBusiness User

L 24000177255

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H240001981463

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((H240001981463)))



H240001981463ABC2

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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

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

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FRATWRAP LLC

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JUN - 6 2024

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To:

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2024-06-06 10:06:29 UTC+14

18506176383

From: ZenBusiness User

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000198146 3

FILED
2024 JUN -5 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FruitWrap LLC

(Same 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 April 15, 2024 and assigned
Florida document number L24000177255.

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)

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

_____, 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

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18506176383

From: ZenBusiness User

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Colin Bulger	10212 South Kenneth Avenue	<input checked="" type="checkbox"/> Add
		Oak Lawn, IL 60453	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input 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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