1240001236705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800430976198

07/24/24--01001--082 **.5.00

7124124 K4



TO: Registration Se Division of Cor			
Lily Jo's Pr	oduce Delivery LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew DRion		
		Name of Person	
		Firm/Company	
	2318 Hannah Way N		
		Address	·····
	Dunedin FL 34698		
		City/State and Zip Code	
	matt@guttersmith.com		
		to be used for future annual report not	incation)
For further information c	oncerning this matter, please of	all:	
Matthew D'Rion		314 7071107 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		2024 JU SECTAL
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is ancilosed)
<u>Mailing Addres</u> Registration S		Street Address:	
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
T. 11.1		The Conge of	A GERGERAL AND A STATE OF THE S

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

No Check Xe/11/24 S.L.

Tallahassee, FL 32314



TO ARTICLES OF ORGANIZATION OF

Lily Jo's Produce Delivery 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 $\frac{05/2024}{1}$ and assigned Florida document number L24000236705 This amendment is submitted to amend the following: 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 pancipal 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 _

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.

City

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mbr	Scott Otto	2293 Hannah Way S	□Add
		Dunedin FL 34698	■Remove
			Change
Mbr	Anthony Scott Otto	2293 Hannah Way S	■Add
		Dunedin F1. 34698	□Remove
			□Change
			□ Remove
			□ Change
			Add SE ERomove T
			Control of the contro
			FL 29
			Change
***			□Add

____ □Remove



we must ensure that the	name on the LLC with the state matches his ID and his SS Card.
a H	
9 ST	
E GOS	
1 23	
	·
12 35	
in effective date is listed, the date of the date of the date inserted in the date inserted in the date inserted in the date of the date o	the date of filing:
ecord specifies a delayed effi is filed.	Sective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2024
ited	
ited	