624000274884

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Doc	cument Number)	
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08/14/24

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	mply Butter Name of Lim	Ful LLC ited Liability Company		
		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Am	iendinent and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	La	luren Smith		
		Name of Person		
		Firm/Company		<u>>-</u> ;
	1064	9 Musters Drive		
		Address	- .	
	Clern	nont FL 34711		. 1
		City/State and Zip Code	:	:
-	E-mail address: (t	5 mith 616@yahoo.	Com	, Ü
For further information conc				
Lauren Name of Per	Smith	at (<u>803</u>) <u>431 - 3</u> Area Code Daytime	3674	
Nume of Lo	301	Area Code Daynine	reteptione symbol	
Enclosed is a check for the fo	ollowing amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply	Butterful, LLC		
	lity Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L 24000274884</u>		117/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	\		reviaion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida .	street address	
	44.	Florida	
	Ciţy		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
			□Add
		-	□Remove
			□Change
			□Add
			□ Remove
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ective date, if other than the effective date is listed, the date is ected in this ament's effective date on the	must be specific and cannot be s block does not meet the a	pplicable statutory fi	(option of the control of the contro	filling.) Pursuant to 605 020
ord specifies a delayed effectived.	ctive date, but not an effect	ive time, at 12:01 a.r	n, on the earlier of: (b	The 90th day after th
		3 ()		
d Arigust 9	Jan. Lun	<u> </u>		
ed Arigust 9	John Lawy Signature of a member or		ve of a member	