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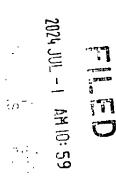
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COVER LETTER

TO: Registration Se Division of Cor				
	PATRIC	OTS EATS, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Camille Lee-Johnson			
		Name of Person		
	I Believe Corp Enterprises			
		Firm/Company		20
	1015 Atlantic Blvd #354		į.	2024 JUL - 1 AM 10: 5
		Address		1
	Atlantic Beach, FL		in	3
		City/State and Zip Code		<u>.</u>
	admin@ibelievecorp.com			. 6
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
Joan Perry		407 4741531 at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Addres		Street Address:		
Registration : Division of C		Registration S Division of Co		
P.O. Box 632	•	The Centre of	-	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATRIOTS EATS, LL	C	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records Liability Company)	_)
The Articles of Organization for this Limited Liability Company	were filed on <u>06/24/25</u>	and assigned
Florida document number L24000286847		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PATRIOT EATS, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity 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)		207
Enter new mailing address, if applicable:		1
Muiling address MAY BE A POST OFFICE BOX)		
Mulling dudiess may be a rost of free box)		5 0
		
3. If amending the registered agent and/or registered office a sgent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	,
	, Flo	orida
	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>		Address	Type of Action
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				□ Change
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Effective date, if other	r than the date of filing: the date must be specific and cannot be p	orior to date of filing or more than	(optional)	ursuant to 605.02
Note: If the date inserte	d in this block does not meet the apple on the Department of State's reco	plicable statutory filing requ	irements, this date wi	ll not be listed
e record specifies a delayed is filed.	red effective date, but not an effective	ve time, at 12:01 a.m. on the	earlier of: (b) The 9	90th day after th
	2024			
JUNE 27	2024) //		

Typed or printed name of signee