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SECNETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			Man 1 and 1	F= 16
MAMPM I	nvestment Holdings, LLC			FILED
SUBJECT:	2002 AUG 12 PH 1:59			
				SECRETARY OF STATE TALL AHASSEE, FL
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		TALL AHASSEE, FU
Please return all correspo	ondence concerning this matter t	o the following:		
	Dara L. White			
		Name of Person		-
	Always Fresh Farms, LLC			
	Firm/Company		-	
	··-	Address		-
	Plant City, FL 33566			
	_			
	dara.white@alwaysfresh.cor	n be used for future annual report noti	fication)	
For further information of	oncerning this matter, please ca		······································	
Dara L. White		863 292-7856		
Name o	f Person	at () Area Code Daytim	e Telephone Numbe	r
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

MAMPM Invocument Haldings, LLC

MAMP M investment Holdings, LLC.	ı	Per en a la companya de la companya
(Name of the Limited Liability Compared (A Florida Limited	pany as it now appears on our record I Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Compan	y were filed on March 20, 2025	and assigned
Florida document number 1.25000135740		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Giddings Family Holdings, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		
	e address on our records, <u>enter</u>	the name of the new register
	e address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:	e address on our records, <u>enter</u> Enter Florida street addres	
	Enter Florida street addres	

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

MGR = AMBR =	Manager Authorized Member		FILED
Title	<u>Name</u>	<u>Address</u>	2002 AUG 12 PM 2: 00 Type of Action
			SECRETARY OF STATE DAD
			□Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if newship) 7075 AUG 12 PM 2: 08 TALLAHASSEE, FL Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee