M21 000 000 780

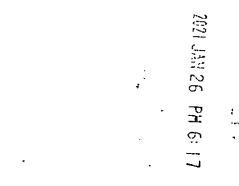
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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MAR 10 2021 S. YOUNG

COVER LETTER'.

TO: Registration Division o	n Section f Corporations		
SUBJECT: FB A	equisition, LLC		
	Name of Forei	gn Limited Lia	ibility Company
Dear Sir or Madan	1:		
The enclosed appli	cation, certificate and fee(s) are submitted	I for filing.
Please return all co	orrespondence concerning th	is matter to th	e following:
Ruth E. Reickard			
	Name of Person		
Varnum LLP			
	Firm/Company		
P.O. Box 352			
	Address		
Grand Rapids, MI 49	0501-0352		
	City/State and Zip Coc	le	
rereickard@varnuml	aw.com		
E-mail address:	(to be used for future annua	Freport notific	cation)
For further informa	ntion concerning this matter	, please call:	
Ruth E. Reickard		at (336-6802
Na	me of Person	Area Coo	le & Daytime Telephone Number
Mailing Ade	Iress:		Street Address:
Registratio			Registration Section
Division o	f Corporations		Division of Corporations
P.O. Box 6	5327		The Centre of Tallahassee
Tallahasse	e, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Fnelosed i	s a check for the following	gmount	
■S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Certified	Copy Certificate of Status &
CR2E055 (9/15)			Certified Copy

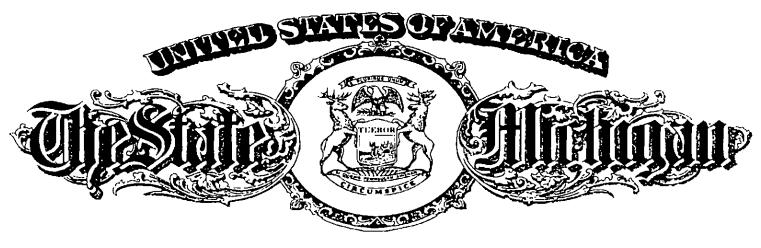
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

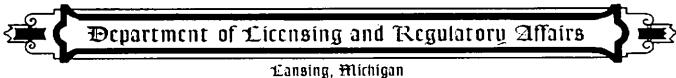
SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Dep	partment of 3
State: FB Acquisition, LLC		<u></u>
Name of limited liability Company as it appears State: FB Acquisition, LLC Enter new principal office address, if applicable: Description of the continued of the c		• • •
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	oility company is: M21000000780	0
3. Jurisdiction of its organization: Michigan		
4. Date authorized to do business in Florida: Janua	ry 14, 2021	
5. New name of the limited liability company: Lak (must		pany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	aging members adopting the alte	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	d officer address on our records, dress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida :	Street Address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	t and agree to act in this capacity and complete performance of my ared agent as provided for in Cha in the registered office address, I	duties, and I am familiar with a opter 605, F.S. Or, if this
——————————————————————————————————————	nanging Registered Agent, Signat	ture of New Registered Agent

tle/ Capacity	<u>Name</u>	Address	Type of Action
		The state of the	1700171010
			□Remo
			□Remo
			□Add
			Петк
			□Add
			ПР
			□Add
aforementioned am	he law of which this entity is orga Cover L.	y the official having custody of records in	Remo

Filing Fee: \$25.00





This is to Certify that the annexed copy has been compared by me with the record on file in this

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Department and that the same is a true copy thereof.

Sent by electronic transmission

Certificate Number: 21010552505

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of January, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION

for

LAKEWOOD ORGANICS, LLC

ID Number: 802568948

received by electronic transmission on January 20, 2021 , is hereby endorsed.

Filed on January 20, 2021 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 20th day of January, 2021.

Linda Clegg, Director

Linda Clark

Corporations, Securities & Commercial Licensing Bureau

Filed by Corporations Division Administrator Filing Number: 221353192460 Date: 01/20/2021



	For use by DOMESTIC LI	THE ARTICLES OF ORGANIZA	
Pursuant to the	provisions of Act 23, Public Acts of 1993, the	undersigned executes the following Certificate of	Amendment:
The identification numb	er assigned by the Bureau is:	802568948	
The name of the limited	liability company is:	FB ACQUISITION, LLC	^
The date of filing the or	riginal Articles of Organization was:	12/10/2020	. ``.
Complete only those ar	ticles being amended.		
	Art	cle I	
The name of the limited	d liability company as amended, is:		
LAKEWOOD ORGA	NICS, LLC		
 (P.O. Boxes are not accidence) 1. Agent Name: 2. Street Address: Apt/Suite/Other: City: State: 3. Registered Office Ma P.O. Box or Street Address: Apt/Suite/Other: City: 	he registered office of the limited liability conceptable): AARON L. PETERSON 3104 W. BASELINE ROAD SHELBY MI	cle IV pany and the name of the resident agent at the r Zip Code: 49455 Zip Code:	egistered office
State:		zip code:	
The amendment was ap	oproved by unanimous vote of all the member	s entitled to vote.	
This document must be	signed by a member, manager, or an author	zed agent:	
Signed this 20th Day o	f January, 2021 by:		
Signature	Title	C Title if "Other" wa	s selected 💢 💢
Aaron I Peterson	Auth	prized Agent	

Signature	٠.	Title	(·		• .	 	Title if "Other" was selected	
Aaron L. Peterson		Autho	rized A	Agent				
		•					·	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.