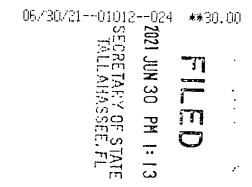
## L21000261078

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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12/2/

## **COVER LETTER**

TO: Registration S Division of Co			•				
	ot Microgreens, LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Anthony Palazzo						
		Name of Person					
	Vcorp Services, LLC						
	<del></del>	· · ·					
	5011 South State Road 7, Suite 106						
		AHAT OH C					
	Davie Florida 33314		PILED  ZI JUN 30 PM 1: 11  CRETARY OF STATE  LLAHASSEE, FL				
	vcorpservices.com	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please c	all:					
Stephanie Weeden		407 493-0538 at ()					
Name (	of Person	Area Code Daytime	e Telephone Number				
Enclosed is a check for t	he following amount:						
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addre		Street Address: Registration Sec	vtion				
Registration Section		Registration Sec					

Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ted Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
iability Company	were filed on June 4, 2021	and assigned
owing:		
f the limited lial	pility company here:	
vords "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
T ADDRESS)		
	N/A	
BOX)		
registered office ss here:	address on our records, enter the	name of the new regist
N/A		
	Finter Florida street address	
<u> </u>	, Florid	Zip Code
	iability Company owing:  f the limited liab rable: ET ADDRESS  BOX)  registered office ss here:	f the limited liability company here:  Nords "Limited Liability Company," the designation "LLC" or eable:  N/A  N/A  N/A  N/A  BOX)  registered office address on our records, enter the ss here:  N/A  Enter Florida street address

## 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
			□Change
		SECRETA	Add  Add  Add  Add  Add  Add  Add  Add
		LAHASSEE, FL	Remove  Remove  Remove
	/		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
/			□Add
			□ Remove
			□Change

Typed or printed name of signee