(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VISAGE D ANGEL

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Page Count	04
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FEB 1 6 2023

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISAGE D ANGEL				
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)			
The Articles of Organization for this Limited Liability Of Florida document number L21000342093	Company were filed on 07/28/21	;	and assigr	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
Simply Moringa LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbrevia	ation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		Ð		
			2023	
Enter new mailing address, if applicable:			13. 1.	
(Mailing address MAY BE A POST OFFICE BOX)	***			
2				- [-
		-	<u> </u>	
B. If amending the registered agent and/or registere	ed office address on our records, enter the na	me of t	the new r	egistered
agent and/or the new registered office address here:			9	
Name of New Registered Agent:	MARKET TO THE PARTY OF THE PART	//		
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City	Zi_{l}	n 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 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
		1810-10-	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		6-H-18-11-11-11-11-11-11-11-11-11-11-11-11-	Remove
			□Change
			□Add
			□Remove
			□Change

. II amending any other intorn	iation, enter change(s) here: <i>(Al</i>	tiach additional sheets, if n	ecessary.)
			,
			
	ust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days af	
e record specifies a delayed effect rd is filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated Feb 15th	2023		
Retine for	Signature of a member or authorized r	representative of a member	
Robin Jone		,	
	Typed or printed nam	e of signee	· · ·

Filing Fee: \$25.00