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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Amazon F	Farm Market ited Liability Company	T LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose	T Perez Ca. Name of Person	lueT
	Amazon	Firm/Company	KT_
		W ZZS AVE	
		City/State and Zip Code	
	E-mail address: (i	TO Yahoo · Com	(fication)
For further information e	oncerning this matter, please ca	all:	
Jose J Name o	Perez CalveT	at (<u>352</u>) <u>22</u> 6 Area Code Daytime	7-ZSZ7 e Telephone Number
Enclosed is a check for th			
\$25.00 Filing Fee	S30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Amazon Fai	m market LLC ty Company as it now appears on our records.)
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number \[\begin{align*} \all 240 & \text{ooo} & 24 & 76 \end{align*} \]	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain the	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	PESS)
	. .
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	:::
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	Name	Address	Type of Action
AHBR	Yuleydis Perez CalveT	2240 NW 225 AVR	□Add
		2240 NW ZZSAVE Dunnellon FL 34431	&Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗆 Add
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		<del></del>	□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□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 Title Name Address Type of Action AMBR YVILY des Deroz 2240 NW 225 Aur DANG _____ Change □Remove ______ Change _____ □Add □Remove _____ □Change _____ □Add ____ Change □Add ____ __ Remove

_	
_	
_	
(If an effecti Note: If	e date, if other than the date of filing:
he record s ord is filed	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
Dated	3/9/24
	Signature of a member or authorized representative of a member  TOSE T Perez Calvot

Filing Fee: \$25.00