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Division of Corporations

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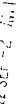
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DocuSign Envelope ID: 9BB1CD98-8B8A-4813-8927-EEE96D8B9F56 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Harvest Star Ventures, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	nny a <u>s it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000012717	were filed on 1/24/2013 and assi	gued
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabl	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) reganization for this Limited Liability Company were filed on 1/24/2013 and assigned number L13000012717 is submitted to amend the following: name, enter the new pame of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ipal offices address, if applicable: and assigned name, enter the new pame of the limited liability company here: Part	
The new name must be distinguishable and contain the words "Limited Liability	ity 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)	SE 2022	~
Cutor now malling address of ambients.	SEP -2	
, , ,	<u> </u>	
(Mailing maress MAT BE A POST OFFICE BOX)	The second secon	
	一三 2	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new	<u>registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
No., Designated Association of the standard Designation of	City Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docum	i and nent is

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized rerson(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	<u>Name</u>	Address	Type of Action
Principal	Barbara Willits	1012 59th St NW	
		Bradenton, Florida 34209	■ Remove
			Change
			□ Add
			🗀 Rémove
			Change
			□ Add
			Remove
			Change
			□Add
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on effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be pric	or to date of filing or more		
cument's effective date on the Depar	tment of State's record	s.		
ecord specifies a delayed effective da	e but not an effective	time at 12:01 s.m. ort t	the earlier of the The 90	lit day after the
is filed.	o, vac not an enterior	dino, at 12.01 dim. on	ine carries of: (b) The ye	rai day anci da
August 30	2022			
Doousigned by.		<u> </u>		
CHEUCLES SAFERING COM	····			
— ogeodecomana Sign	ature of a member or aut	norized representative of	member	

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