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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor		·			
SUBJEC		S OF FLORIDA, LLC				
SUBJEC	1:	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
		ondence concerning this matter	-			
		Douglas S. Doudney, Jr.				
			Name of Person			
		DoubleDee Farms Fresh F	mit, LLC			
			Firm/Company	_		
		2871 Delaney Avenue				
			Address			
		Orlando, FL 32806				
			City/State and Zip Code			
		DDoudneyJr@doudneyinv.		-		
For furthe	er information o	n-mail address: (to be used for future annual report no	otification)		
		oncerning this matter, please e				
Kenneth !	R. Uncapher		407 717-7506 9 at ()			
	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:				
≅ \$25.0	0 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)		
	<u>Jailing Address</u> Registration S		Street Address: Registration S	ection		
	Division of C	orporations	Division of Co	orporations		
r	P.O. Box 632	1	The Centre of	rananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HD HOMES OF FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Emitted Elability Company)	
The Articles of Organization for this Limited Liability Company were filed on April 28, 2020	and assigned
Florida document number 7890456243CC	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
DoubleDee Farms Fresh Fruit, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the all	bbreviation "L.IC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the nan	ne of the new registere
agent and/or the new registered office address here:	ارسم الاجاز الاجاز الاجاز
Name of New Registered Agent:	.2.
New Registered Office Address:	12
Enter Florida street address	- D
, Florida	· 55
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	j

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	September 17 . 2021
	September 17 . 2021 . Signature of a member or authorized representative of a member
	Douglas S. Đoudney, Jr.
	Typed or printed name of signee

Filing Fee: \$25.00