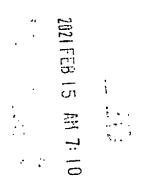
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

elidiret.	SEMILLA	NATIVA HOMEMADE REC	DPES LLC		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
			JELIANNY SOLIMAN		
			Name of Person SEMILLA NATIVA		
		14:	Firm/Company 20 NE MIAMI PL. SUITE 51	5	
		N	Address HAMI, FLORIDA, 33132	· · · · · · · · · · · · · · · · · · ·	
			City/State and Zip Code ILLANATIVAUS@GMAIL.C		
or further in	formation con	E-mail address: (cerning this matter, please ca	to be used for future annual repor	t notification)	
ELIANNY S		cerung and matter, preuse et	407 613709		
	Name of I	erson	at () Area Code D	sytime Telephone Number	
iclosed is a	check for the	following amount:			
\$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEMILLA NATIV	VA HOMEMADE RECIPES ELEES 15 AM 7: 10
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability 1.16000227369. Florida document number	
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the line SEMILLA NATIVA LLC	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADL	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or reg gistered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the ne</u> ldress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and sept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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 = N $AMBR = A$	lanager Authorized Member	* ; * (* *	
<u>Title</u>	<u>Name</u>	Address 2021 FEB 15 AM 7: 10	Type of Action
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			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00