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## **COVER LETTER**

Division of Cor			
SUBJECT:	Rachel's (	Praganics U.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arthur Harter	18	
	_ Arthur Marker	Name of Person	
	Rochers Organi	CCS LCC . Firm/Company	
	3	Firm/Company	
	15h90 91st 1	Address	
	·	Address	
	JIDHER PL 33	478	
		City/State and Zip Code	
	E-mail address;	H18 City/State and Zip Code  Choo. On to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please c		
Arthur Marte	ins	at ( <u>¶v8</u> ) <u>396-90</u> Area Code Daytime	000
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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)

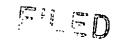
MAILING ADDRESS:

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



Rache!	's Organics LLC.	2019 JUH 10 AM11: 32
(Name of the Limited Liabil) (A Florid	S Organics LLC.  ity Company as it now appears on our records.  a Limited Liability Company)	SEETH
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here: autens Holding LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDE	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, ress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	Flori	daZip Code
Now Decises 1 A 14 Or	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 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Add
		□ Remove	
		<del></del>	Change
	<del></del>	<del></del>	Add
		☐ Remove	
		Change	
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			Change
<del>_</del>			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
· · · · · · · · · · · · · · · · · · ·	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	)7 (3)(b s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated May 29 2019.  Dated May 29 2019.	
Signature of a member or authorized representative of a member	
Arthur Haitens Typed or printed name of signee	
Typed or printed name of signee	

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Filing Fee: \$25.00