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COVER LETTER

Registration Section Division of Corporations

TO:

CIID IEZTT.	Nature's Fr	ut, LLC	
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles	of Amendment and fee(s) are submit	tted for filing.	
Please return all corres	spondence concerning this matter to	the following:	
	Hillary H. Hughes, Esq.		
		Name of Person	
	Garvey Schubert Barer		
		Firm/Company	
	100 Wall Street, 20th Floor		
		Address	
	New York, NY 10005		
		City/State and Zip Code	
	corporatedocs@gsblaw.com		
	E-mail address: (to b	be used for future annual report notificat	ion)
For further information	n concerning this matter, please call:		
Hillary H. Hughes, Es	sq.	212 965-4527 at ()	
Nam	e of Person	Area Code Daytime Te	lephone Number
Enclosed is a check fo	or the 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)
Regi Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, F1, 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahussee, FL 32301	ons · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nature's	Frut, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	s on our records.)	
Fhe Articles of Organization for this Limited Liability Com	pany were filed on	May 3, 2017	and assigned
Florida document number 1.17000098632			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
Nature's Früt,	LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRES	<u></u>		
	n/a		17
Enter new mailing address, if applicable:	11/a	 -	
(Mailing address MAY BE A POST OFFICE BOX)	·· ·		<u> </u>
			C7 C9
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, ente	r the name of the nev
registered agent and/or the new registered office address	<u>s nere</u> .		5 5
N CN D I A		,	ŕ
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
		Florida _	
	Cuy	;	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Ade /
			Remove
			Remove Change
			□ Remove
			Change
			Add
			□ Remove
			Change

note the present name, before	e the change, does not have the true spelling using the "emb	aut symbol" should appear
above the letter sus in the we		and appear
We understand that your sys	tem keyboard does not make this symbol which is why we a	
	th shows that the correction to the spelling of the word Früt	
	the word Fruit	has been recorded as such.
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meense date is using, the title title	the specific and cannot be prior to date of filing or more than 90 day	(optional) SS system (optional) SS system (optional) SS system (optional) (optional) SS system (optional) SS syste
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ecord specifies a delayed e 90th day after the reco	effective date, but not an effective time, at 12: ord is filed.	:01 a.m. on the earlier
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	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00