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S. WARREN JAN 17 2018 Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee FL, 32314

Dear Representative,

Attached you will find an Amendment request form for LLCs, along with a \$25 check for the processing fee. Please keep in mind that the current LLC name (as it appears on sunbizz) is South Florida Fresh LLC, and the attached documents is to change the name to South Florida Fungi LLC.

Thank you for your time,

Carmen Rodriguez

COVER LETTER

	gistration Sec rision of Corp								
		da Fresh LLC							
SUBJECT:		Name of Lim	ited Liability Company						
The enclosed	d Articles of a	Amendment and feets) are sub-	mitted for filing.						
Please return	n all correspor	ndence concerning this matter	to the following:						
		Carmen Rodriguez							
			Name of Person						
		South Florida fresh LLC							
		· · · · · ·	Firm/Company						
		9490 SW 104th St							
			Address						
		Miami FL33176							
		City/State and Zip Code							
		Southfloridafungi@gmail.c	om to be used for future annual report notif	ication)					
For further i	nformation ec	oncerning this matter, please ca	,						
Arturo Cast	ellon		305 297-6485						
	Name of	Person	at () Area Code Daytime	e Telephone Number					
Enclosed is	a check for th	e following amount:							
\$25,001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy radditional 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 Clitton Building 2061 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Fresh LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/16/2017}{10}$ ____ and assigned Florida document number _L17000209927 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: South Florida Fungi LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address

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 jurther 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 tiled 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.

T T

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 Type of Action Name Address Title ____ □ Change _____ D Remove □ Remove _____ ☐ Change _____ □ Change _____ 🗀 🗸 🗖 Add ☐ Remove Remove 🚉 🗀 🚮 iange

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Filing Fee: \$25.00