## 4/8000020558

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

## COVER LETTER

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CUDICAT.	Or	ganic Reset, LLC		,
SUBJECT: _	<u>.</u>	Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return al	II correspo	ndence concerning this matter	to the following:	
		Noelle Quero		
			Name of Person	
		Organic Reset		
		<del></del>	Firm/Company	
		3063 Waterside Circle		
			Address	
		Boynton Beach, FL 33435		
			City/State and Zip Code	
		noellequero@gmail.com		
		E-mail address: (	to be used for future annua	Ireport notification)
For further info	ormation co	oncerning this matter, please ca	all:	
Noelle Quero			561 56 at ()	08-3783
	Name of	f Person	Area Code	Daytime Telephone Number
Enclosed is a c	heck for th	c following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registra Division Clifton 2661 Ex	T/COURIER ADDRESS: ution Section n of Corporations Building tecutive Center Circle ssee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Organic Reset, 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 \_01/23/2018 \_ and assigned Florida document number L18000020558 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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: Enler Florida street address Florida City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	i from our records:		
MGŘ =     ! AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mariel Ruiz-Escasena	968 SW 148 PLACE	Add
		Miami, FL 3319	Removc
			☐ Change
		-	Add
			П Remove
			Change
			Add
			□ Remove
			☐ Change
		☐ Remove	
		Change	
<del></del>			Add
		□ Remove	
			☐ Change
<del></del>			Add
		Remove	
			Change

D. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
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	7: 81
	D D Like
<del></del>	
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of:
Dated March 5 2018	
Nac Ove	
Signature of a member or authorized represe	entative of a member
Noelle Quero	
Typed or printed name of sig	gnee

Page 3 of 3

Filing Fee: \$25.00