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COVER LETTER

TO: Registration Division of	on Section Corporations	, *	
J.			
SUBJECT: Sowil	lo's Harvest, LLC		
		nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Christopher Chupell		
		Name of Person	
	Sowillo's Harvest, L	LC	
	 	Firm/Company	
	4425 US Highwa	y 1 S, UNIT 501	
		Address	
	St. Augustine FL 32086		
		City/State and Zip Code	
	chupella@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further informati	on concerning this matter, please c	all:	
Christopher Ch	upella	at (904) 302-7250	
Na	me of Person	Area Code Dayting	: Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	e	☐ \$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

Sowillo's Harvest, 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 August 9th, 2018 and assigned Florida document number <u>L180</u>00191213 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 "LLC." 4425 US Highway 1 S Enter new principal offices address, if applicable: **UNIT 501** (Principal office address MUST BE A STREET ADDRESS) St Augustine FL 32086 4425 US Highway 1 S Enter new mailing address, if applicable: **UNIT 501** (Mailing address MAY BE A POST OFFICE BOX) St Augustine FL 32086 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: Enter Florida street address Florida

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.

City

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
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ective date, if other than the date of effective date is listed, the date must be specie: If the date inserted in this block document's effective date on the Department.	cific and cannot be prior to as not meet the application	date of filing or more de statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed
record specifies a delayed effec he 90th day after the record is		an effective tim	e, at 12:01 a.m. on the earlier
_{ed} August 23rd	2018		
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Typed or printed name of signee

Filing Fee: \$25.00