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(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

TO: Registration Sec Division of Corp				
	Fruits A	V portz LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspondence	ndence concerning this matter t	to the following:		
	Knysta	Name of Person N Rootz LL Firm/Company		
		Name of Person	.	
	Fruits	N Rootz LL	<u> </u>	
		Firm/Company		
	7517	NW 55th ST		
		Address		
	MIAMIFC	33166 City/State and Zip Code 9 m wl. wm		
	C leaded	City/State and Zip Code		
	E-mail address: (to	o be used for future annual report notifi	cation) S 28	
For further information co	oncerning this matter, please ca	II:	ZI SE	
Krysta	_	at (305) 606 [Cation) SE 17/1 SEP 23 Telephone Number 19: 8	\$7.34 3 41190 1
Nume of	Constitution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	99	
Enclosed is a check for th	e following amount:		5 2	
□ \$25.00 Filing Fee	S30.00 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)	J

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fruts	N Roo	tz LLC	,		
(Name of the Limited	<mark>Liability Company as</mark> Florida Limited Liabil	it now appears on ity Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L1800</u> 233898		e filed on	3/2018	and assi	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability	company here:			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	ompany. the design	nation "LLC or the	abbreviation L.i	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or registered and/or the new registered office address because of New Registered Agent:	istered office addr <u>nere</u> :	ess on our reco	rds, <u>enter the na</u>	SEP 24	registered
New Registered Office Address:	7517	NW 55 Enter Florida s	th ST	H 9	
	MIAMI	City	, Florida _	33 6 k)

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 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
MGR	Salvador Andreu	14164 SW 292St	🗖 Add
		Homestead, FL 33033	Kemove
			□Change
Mar	Jessica Forte	14164 SW 292 St	□Add
		Homestead, Fl 33033	Remove
			□Change
			<u></u> ∰Add
			CANdd SFRemove,
			EChange 9
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of fi effective date is listed, the date must be specific	iling:	r to date of filing o	(op	ptional) fler filing.) Purs	uant to 60	05.020
te: If the date inserted in this block does neument's effective date on the Department	ot meet the applic	cable statutory fi	ling requirements,	this date will i	not be lis	sted a
cord specifies a delayed effective date, but s filed.			n, on the earlier of	: (b) The 90t	h day aft	er the
ed August 25	2024	<u>b</u> . ^				
		. ()				

Typed or printed name of signee