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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: DI	anet Hemo Ventu	ice 110	
SUBJECT: P(Name of Limit	od Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	(ndy hopper	
		Name of Person	
	Planet	Nemp Venture LLC	<u></u>
			
	mail: P.O. Box 198	Address ASIIS.	Peninsuls Dr.
	Daylong B	city/State and Zip Code netvegan foods cobe used for Marre annual report notific	132118
	info polo	anetyean foods co	m
	E-mail address: (to	be used for thure annual report notifi	cation)
For further information of	oncerning this matter, please cal	l:	
Cindy	ldapper	at (<u>719</u>)722 - C	
Name o	t Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	-	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Planet He	emo Venture	<u> </u>
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on ida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed onO\	16/2019 and assigned
Florida document number 1900017962		
This amendment is submitted to amend the following:	· · ·	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	egan Foods LLC inuted Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		(5.
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		62.
1.0. Augusteles Office Humess.	Enter Florida st	reet address
		, Florida
 -	City	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, 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
N/A	N/A	N/A	
			Remove
			□Change
		 	□Remove
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(If an effective date is I Note: If the date in	other than the date of filested, the date must be specific serted in this block does no	and cannot be prior ot meet the applica	to date of filing or more able statutory filing re	(optiona than 90 days after filir quirements, this da	g.) Pursuant to 605.0207 (1
document's effective	e date on the Department of	of State's records.			
ne record specifies a ord is filed.	delayed effective date, but	not an effective tii	me, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated	April 12				
Duicd					
	Signature o	Cindy h	OPPER		