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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : 120148000089 Phone : (754)301-2128

Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFSTAXACCT.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STEVIA SOUL, LLC

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COVER LETTER

TO: Registration Sec Division of Corp			
STEVIA SC			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ndence concerning this matter		
	GILVAM F DOS SANTO	3	MI JUL 30 MI 10: 12
		Name of Person	
	GFS TAX & ACCOUNTIN	NG SERVICES	W. 30
		Firm/Company	22. 12
	11764 W SAMPLE RD ST	TE 102	gr'
		Address	
	CORAL SPRINGS FL 330	065	
		City/State and Zip Code	
	INFO@GFSTAXACCT.CC)M to be used for future annual report notificatio	un)
E C. N. C. C.	concerning this matter, please c		··,
GILVAM F DOS SANT		954 9573244 at ()	share Marshar
Name o	f Person	Area Code Daysime Tele	phone Number
Enclosed is a check for t	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)
		Charles Addresses	
<u>Malling Addre</u> Registration		Street Address: Registration Section	1
Division of C		Division of Corpora	ations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H210002884823

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEVIA SOUL, LLC (Name of the Limit	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited 1 Florida document number L19000031176	Liability Company were filed on 02	nd assigned and assigned		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name (of the limited liability company h	e <u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ress here: GFS TAX & ACCOUNTING SE			
Name of New Registered Agent:	11764 W SAMPLE RD STE 102			
New Registered Office Address:	Enter Florida street address			
	CORAL SPRINGS	, Florida 33065		
	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

MGR = Manager

Page: 5 of 6

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action **Address** Title Name _□Add ____ 🗆 Add Remove bbA□ _ 🗆 Remove _ Change ____ □ Add _____ □Remove _____ Change □Add Remove Change □Add □Remove □ Change

To: 18506176383

From: Juliana dos santos

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N/A		: (Attach additional		
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record specifies a delayed effective is filed.	date, but not an effective ti	nic, at 12:01 a.m. on th	ic earlier of: (b) Th	e 90th day after the
ated	2021			
ated				
	Signature of a member or author	prized processorative of a	member	<u> </u>
	PIEUMTILE OF B LUCKLOCK OF MORN	made representative or a		