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#### **COVER LETTER**

## TO: Registration Section Division of Corporations

SUBJECT:	SWEETS & 1	EAFS DULCES & HOJAS	NATURAL REMEDIES AND ED	IBLES LLC	
oon de la		Name of Lim	ited Liability Company		
The enclosed	l Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		Eileen Martinez-Oquendo			
			Name of Person		-
			Firm/Company	<del></del>	-
		2949 Slippery Rock Ave			
			Address		2022
		Orlando			Ziće nat 10 m. 1: 69
		dulanta in 2010@	City/State and Zip Code		, 5
		dulcehoja2019@gmail.com E-mail address: (1	to be used for future annual report notif	ication)	1 7
For further information concerning this matter, please call:					
Eileen Marti	nez-Oquendo		407 987-1109 at ()		( )
	Name of P	erson	Area Code Daytime	: Telephone Numbe	r
Enclosed is a	check for the	following amount:			
■ \$25,00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
<u>Ma</u>	iling Address:		Street Address:		

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

#### SWEETS & LEAFS DULCES & HOJAS NATURAL REMEDIES AND EDIBLES 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 April 2019 and assigned
Florida document number 84-2870301	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
East Life LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2949 slippery rock ave Orlando Fl 32826
(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 agent and/or the new registered office address here:	
Name of New Registered Agent:	Same
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

### Page 2 of 3

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East Life LLC		
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ective date, if other than the date of filing: 3-7-2023 effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) e than 90 days after filing.) Pr	ursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory filing rument's effective date on the Department of State's records.		
union seriective date on the Department of State s records.		
record specifies a delayed effective date, but not an effective tim	ne. at 12:01 a.m. on	the earlier
he 90th day after the record is filed.	,	
, March 2 2023		
ed March 2 , 2023		
$\alpha \leftarrow \alpha$		
Signature of a member of authorized representative of		

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