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R. WHATE

COVER LETTER

TO:

TO:	Registration Se Division of Cor					
~		PERUVIA	N HERBS LLC			
SUBJE	:СТ:	Name of Lim	ted Liability Company			
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			ARTURO VALLEJO	_		
			Name of Person			
PERUVIAN HERBS LLC						
			Firm/Company			
6020 NW 99TH AVE SUITE 208 Address						
			City/State and Zip Code			
	delio@dehowaccounting.net E-mail address: (to be used for future annual report notification)					
For fur	ther information c	e-mail address: (oncerning this matter, please c		eation)		
) VALLEJO	305 639-2522			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
≡ \$2.	5.00 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)		
	Mailing Addres Registration S		Street Address: Registration Sec	tion		
	Division of C	corporations	Division of Corp			
	P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF

ALL 28 7: 1:56

(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 Liabilit Florida document number L19000120143	y Company were filed on 05/02/2019 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registories agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registero</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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
VP	JUAN M NARVARTE FISCHMAI	6020 NW 99TH AVE SUITE 208	□Add
		DORAL, FL 33178	=Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			Remove
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			⊡Add
			□Remove
			□Change

fan el <mark>Note:</mark>	tive date, if other than the date of filing: O4/23/2020 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
reco d is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
atec	APRIL 23, 2020
	Maur -
	Signature of Lauraber or authorized representative of a member

Filing Fee: \$25.00