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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: SUMS	hine Seed Name of Lin	Supply LLC.	
	mendment and fee(s) are sub	-	
riease return an correspon	dence concerning this matter	to the following.	
	Ran	non Reyes Name of Verson	
	Ramon	Reyes Aceount	ng INC.
	503	75 Palm Ave.	
		L Flandu 330 City/State and Zip Code	
•	into 6 p	Mon Cylspa. Con to be used for fifture annual report notif	7
For further information cou	ncerning this matter, please c		(Carron)
Ramon	Reyes	at (<u>305</u>) <u>877 -</u> Area Code Daytime	DG69 Telephone Number
Enclosed is a check for the	following amount:		
※ \$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)
Mailing Address		Straat Addrace-	

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 ARTICLES OF ORGANIZATION FILED 2020 OCT 26 PH 1:49

Florida document number _ <u>L19 000 16 3883</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ City

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	Humberto E Zapico Lopez	1300 S Miami Ave Unit 4211	XAdd
		Miami, FL 33130-4495	□Remove
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Effecti	ve date, if other than the date of filing: 10/20/2020 (optional)
Note:	ective 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 ent's effective date on the Department of State's records.
e record	I 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 ed.
Dated _	10/20 / 2020
	Land towns don
	Ganglitre of a member or authorized tenrecentative of a member
	ANGEL M. FERNANDEZ Typed or printed name of signee

Filing Fee: \$25.00