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COVER LETTER

TO: Registration Se Division of Con				
SUBJECT: Fresh Vegs				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Luisana de la Hoz			
	gandin de la riva.	Name of Person		
		Firm'Company		
	6900 Bay Dr Apt 5A	Address		
	Minni Danik Cl 22111	, name		
	Miami Beach, FL 33141	City/State and Zip Code		
	luisanadelahoz@hotmail.cc E-mail address: (om to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Luisana de la Hoz Name of Person		at (786) 757-0630 Area Code Daytime Telephone Number		
Name C	ų reison	Area Code Daytime	: Гетерионе хипичет	
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)	
Mailing Addres		Street Address:	A	
Registration : Division of C		Registration Sec Division of Corp		
P.O. Box 632	*	The Centre of To		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fresh Vegannings, 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 <u>08/22/2019</u> and assigned Florida document number 1.19000214767 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 "L.L.C." 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 City

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.

New Registered Agent's Signature, if changing 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Luisana de la Hoz	6900 Bay Dr Apt 5A	≣ Add
		Miami Beach, FL 33141	□ Remove
			□ C'hange
			□ Remove
			□ Change
			DAdd
			□Remove
			Change
			□ Remove
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ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b ument's effective date on the E	st be specific and cannot be lock does not meet the a	prior to date of filing or oplicable statutory fili	(options more than 90 days after fil- ng requirements, this d	ing.) Pursuant to 605,0207 (.
cord specifies a delayed effectives filed.	re date, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
ed <u>December 14</u>	. 2021	·		
	Signature of a member or	authorized representativ	e of a member	

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