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COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration Se Division of Co			
	onsulting and Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brandon S Lambert		
		Name of Person	
		Firm Company	
	12355 Harper St		
		Address	
	Spring Hill, FL 34608		
	twignberriesfarm@outlook.	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information o	concerning this matter, please co	all:	
Brandon Lambert		352 7418030	
Name o	of Person	at () Area Code Daytim	e Telephone 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	^allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lambert Consulting and Solutions 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 $\frac{9/10/2019}{}$	and assigned
Florida document number 1.19000228846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Twig N Berries Farm LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "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 a	addroce on our records	antar the name of the new registers
agent and/or the new registered office address here:	idaress on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
Type Neglistered Virtee Padiresis.	Enter Florida stree	address
		. Florida
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacit	v. I further agree to comply with the

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐Change
			□Add
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Effective date, if other than the defen effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific ar k does not	nd cannot be meet the a	e prior to da applicable	te of filing o statutory fi	r more than S ling require	(optio 0 days after ments, this	filing.) Pursu	ant to 605.0207 of be listed as
record specifies a delayed effective d is filed.	late, but no	ot an effec	tive time,	at 12:01 a.i	n, on the ea	rlier of: (b)	The 90th	day after the
February 4 Dated	,	2024						
			· ·					
12/h. //n	/							
_ Who W	gnature of a	a member o	or authorized	l representat	ive of a men	iber		