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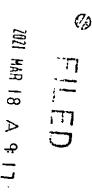
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COVER LETTER

TO: Registration Division of C	Section Corporations	•	
	Banana LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Edna Laroche		
		Name of Person	
	Oohlala Banana LLC		
		Firm/Company	
	1559 Plunkett Street		
		Address	
	Hollywood FL 33020		
	₩	City/State and Zip Code	
	larocheedna@gmail.com		
	E-mail address: ((to be used for future annual report notification)	
For further informatio	n concerning this matter, please c	all:	
Edna Laroche		954 8548036 at ()	
Nan	e of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	Ø
P.O. Box 6	п Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	: 1 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oohlala Banana LLC				
(Name of the Limited Liab (A Flori	oility Company as it ida Limited Liability	now appears on our Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L19000233078</u>	Company were f	iled on		_ and assigned
This amendment is submitted to amend the following:	 ,			
A. If amending name, enter the new name of the lin	mited liability co	mpany here:		
The new name must be distinguishable and contain the words "Li	imited Liability Com	pany," the designation	"LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
				_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address :	on our records, <u>c</u>	enter the name of	the new registere
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street o	iddress	
			_, Florida <u>. </u>	
Value Descriptional Assessed Sciences 15	City	•	; ; ;	ode
New Registered Agent's Signature, if changing Registere			: ` ` '	嘉 刀
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete perfori agent as provide red office addres	nance of my dutie d for in Chapter t	rs, and Lam fami 505 FS Or 104	tiar with and
ompany has been nongrea in writing by this change.	<u>'.</u>		, ,	I

If Changing Registered Agent, Signature of New 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	LABROUSSE, JOSEPH E	1559 PLUNKETT STREET	
		HOLLYWOOD, FL 33020	≅Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			AB □ Add -
			P □ Remove
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	·		□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) gor more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed effective	e date, but not an effective time at 12:01 a	a.m. on the earlier of: (b) - The 90th day after the
is filed.		int. on the earner of (b) The your day atterned
		." ~
ated March 15th	2021	•
ated	Edna Lakecle	ative of a member
ated	2021 CAMA Calacte Signature of a member or authorized representations Signature of a member of authorized representations.	ative of a member