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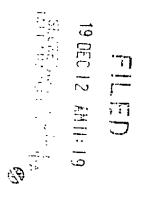
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: F ZWiga Quality pinestraw LLC - The Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Fernando Zuniga (o/tes
F Zuriga Quality Pirestraul LC
792 US Hwy 331 north
Defunde Silver Fl 32433
Zunigascynandos46 angil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fernand Zuniga (after at (850) 598-1571 Name of Person at (850) 598-1571 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this 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 9-17-28 9 and assigned Florida document number 4 9 10 24 9 70

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, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uldress
	City	_, Florida Ziv 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 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 frem our records:

$MGR = M_{2}$ $AMBR = A_{1}$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of fili	ng:		(optional)		
effective date is listed, the date must be specific ar e: If the date inserted in this block does not	nd cannot be prior to d . meet the applicable	late of filing or more than a statutory filing requi	i 90 days after tiling, rements, this date	.) Pursuant to will not be	o 605,02 : listed
ument's effective date on the Department of					
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record specifies a delayed effective he 90th day after the record is filed	date, but not al 1.	n enective time, a	at 12.01 a.m.	on the ea	arner
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ed 10-14-2019	_,	-			
Signed					
Signature of	a member or authorize	ed representative of a me	ember		

Page 3 of 3

Filing Fee: \$25.00