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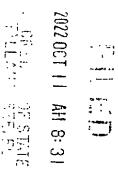
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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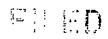
COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Petal & Pe	ar, LLC.		
Sobject.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Fernando Rodriguez	Name of Person	
	Datal & Base 11 C	Name of Person	
	Petal & Pear, LLC.	Firm/Company	
	22352 Treetop Cir	Address	
	Boca Raton Fl, 33433		
		City/State and Zip Code	
	Fernando4670@pm.me E-mail address: (to be used for future annual report not	lification)
For further information of	concerning this matter, please c	all:	
Fernando Rodriguez	of Person	at (786) 4930084	ne Telephone Number
Traine V	, reison	7.10.2 60.11	
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 Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Lorporations 27	Street Address: Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Petal & Pear, LLC.

2022 OCT 11 AM 8: 31

The Articles of Organization for this Limited I			OF STATE STE, FIL and assigned
lorida document number 1.20000046546			-
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
 If amending the registered agent and/or gent and/or the new registered office addre 	.,	records, enter the r	name of the new regist
gent and/or the new registered office additi	ess nere:		
Name of New Registered Agent:			
Name of New Registered Agent.			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	22352 Treetop Cir	rida street address	
	Boca Raton City	Florida	233433 Zip 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.

	Change Katelyn Marie Kucirek from Owner to Manager
	Change Fernando Esteban Rodriguez from VP to Manager
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
If an Not	effective date, if other than the date of filing:
	cord 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 filed.
Date	ed October 5th 2022
	Signature of a member or authorized representative of a member

Typed or printed name of signee