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TO:	Registration Se Division of Cor		*	
CHD HE	ANGIEVE	RO-VARIETIES LLC		
SUBJE	.cr:	Name of Lin	nited Liability Company	
The one	slocad Articlay of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	-	
		JUDY V DIAZ		
			Name of Person	
		ANGIEVERO-VARIETIE		
			Firm/Company	
		1237 SW ALCANTARRA	BLV	
		***************************************	Address	
		PORT SAINT LUCIE, FL	34953	
			City/State and Zip Code	
		angicandvero.varieties@gn E-mail address: (nail.com to be used for future annual report noti	fication)
For furt	her information c	oncerning this matter, please c	·	·
JUDY	V DIAZ		561 601-1333	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	ne following amount:		
	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	ction
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632	27	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGIEVERO-VARIETIES LLC	, 3 12: 38
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	яду as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000111906	y were filed on 4/24/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	vility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

Zip Code

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
MGR	JUDY V DIAZ	1237 SW ALCANTARRA BIVD	= Add
		PORT SAINT LUCIE, FL 34953	□Remove
			□Change
 	***************************************		□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
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f the recor		date, but not an effe	ctive time, at 12:01	l a.m. on the	earlier of: (b) The 90th day after the
Dated		· · · · · · · · · · · · · · · · · · ·			
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Typed or printed name of signee