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(((H24000039100 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED HEMPCBDORGANICA L.L.C.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000039100 3

~		
HEMPCBDORGANICA L.L.C.		
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) (v Company)	
The Articles of Organization for this Limited Liability Company were	: filed on L20000154793	and assigned
Florida document number 1.20000154793		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
Hustletrendz L.L.C.		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbre	rviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	- N	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
	2	024. E.
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of	<u>óf-the-fæw registere</u> ≥
agent and/or the new registered office address here:	11.1	29 29
	3.	
Name of New Registered Agent:		7: <u>7</u>
New Registered Office Address:		51 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Emer Florida street address	ਜ਼ ਨ
<u>, </u>	, Florida	
C	Tro-	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.

If Changing Registered Agent, Signature of New Registered Agent

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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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			[□Change

	d pet care) just to name a few and mi	uch more.
	1440.	
<u> </u>		
	k does not meet the applicable statute	(optional) iling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
	late, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the
is filed.	2024	

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