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COVER LETTER

TO:

PO: Registration Se Division of Co			
Kratom Le			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Leaf LLC		
Please return all correspo	ondence concerning this matter	to the following:	
	Jordan J Dutra		
		Name of Person	
		Firm/Company	
	1301 SW 10TH TERRACI	€	
		Address	
	DEERFIELD BEACH FL.		
	jdutratech@gmail.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information o	concerning this matter, please ea	all:	
Jordan J Dutra		· · · · · · · · · · · · · · · · · · ·	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			ection
Division of Corporations		-	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kratom Leaf LLC (Name of the 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 July 27, 2020 Florida document number L20000221245 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dutra Tech LLC 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, enter the name of the new registered agent and/or the new registered office address here: 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the date must be te: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior k does not meet the applica		n 90 days after filing.) Pursuant to	
cord specifies a delayed effective of sfled.	ate, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th day :	after the
ed October 23	2020	_ ·		
	gnature of a member or autho	ained analyses (h on	_