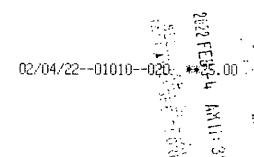
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(Address)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2-21-22 (AS

COVER LETTER

Division of Corporations	
SUBJECT: 60Y000109 ROS to UC Name of Limited Liability Company	,
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RON TYCETON Name of Person	
Gardening Rasto	auc
8735 Cheselor Address	OAVE.
City/State and Zip C	34287 andyman@amail.con
II-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
ROTTREFYEN at (94) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Status Solution Status Solution	y Certificate of Status &
Mailing Address: Stree	et Address:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gardenina Rast	a LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L2000242</u> 5	mpany were filed on 8/11/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite The new name must be distinguishable and contain the words "Limite"	ed liability company here: A DOON LLC ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u></u>
Enter new mailing address, if applicable:	22°2°2°2°2°2°2°2°2°2°2°2°2°2°2°2°2°2°2
(Mailing address MAY BE A POST OFFICE BOX)	- C3
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office 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
	City 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 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>Titlę</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be p	prior to date of filin	g or more than 90 da	(optional) vs after filing.) Pursu	ant to 605.0
te: If the date inserted in this block does not meet the apument's effective date on the Department of State's reco	plicable statutory	filing requirement	its, this date will n	ot be listed
cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after t
ed 1/31/2022				
~ <u></u>	<u>∕~</u> ·	-		
Signature of a member or a	us			