

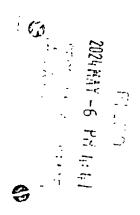
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COVER LETTER

	tegistration Se Division of Cor			
ALID HEZE		acturing Agriculture, LLC		
SUBJECT	ı:	Name of Lim	ited Liability Company	·
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	ırn all correspo	ondence concerning this matter	to the following:	
		Robert Menzies		
			Name of Person	
		FisherBroyles, LLP		
			Firm/Company	• · · · • • • • · · · · · · · · · · · ·
		3606 Enterprise Avenue, S	Suite 225	
			Address	
		Naples, FL 34104		
			City/State and Zip Code	
		robert.menzies@fisherbroy		
For furthe	r information c	e-mail address: (to be used for future annual reparts:	ort notification)
Robert M	enzies		239 293-3	
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed i	is a check for ti	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F	Aailing Addres	Section	-	on Section
	Division of C P.O. Box 632			of Corporations re of Tallahassee
	'allahassee, l			Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Star Manufacturing :	~	ears on our records.)
(<u>. · · · · · · · · · · · · · · · · · · ·</u>	me of the Limited Liability Company as it now app (A Florida Limited Liability Company	y)
	his Limited Liability Company were filed on 1980247	9/8/20 and assigned
Florida document number <u>L20000</u>		
This amendment is submitted to a	mend the following:	
A. If amending name, enter the	new name of the limited liability company	here:
Star Manufacturing Botanicals, LLC	:	
The new name must be distinguishable a	nd contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices add	ress, if applicable:	<i>U</i> .
Principal office address MUST	BE A STREET ADDRESS)	E)
		024
Enter new mailing address, if a	onlicable:	6
(Mailing address MAY BE A PO		72 (-1
B. If amending the registered a	gent and/or registered office address on our	r records, enter the name of the new regist
agent and/or the new registered	office address here:	
Name of New Registere	d Agent:	
New Registered Office A		
	Enter F	Florida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, it 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

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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ective date, if other than to the effective date is listed, the date refer. If the date inserted in this cument's effective date on the	nust be specific and block does not m	cannot be prior to d neet the applicable			
ecord specifies a delayed effectis filed.	tive date, but not	an effective time.	at 12:01 a.m. on the	e earlier of: (b) The	90th day after the
		2024			

Typed or printed name of signee

Robert Menzies