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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>Brown Suga Nat</u>	12,UC	
Name o	f Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
<u>Erica</u>	SmHh	
	Name of Person	
Beown S	SUGA NAICZ UC Firm/Company	
10313 30	yethe Creek Blvd	2022 .
	Address	
Rivervious	2, Fl 33569 City/State and Zip Code	FILED 2022 JUN -6 AM 8: 04 35 (35) - 1
		- - ∪
E-mail addi	ress: (to be used for future annual report notification)	· 10
For further information concerning this matter, ple	ease call:	
Erica Smith	at (<u>\$13</u>) 391-87-90	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee Certificate of State		of Status & opy
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ı

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BLOWN SUGAR NO (Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LAIDDDO 24 905</u> .	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
BROWN SUGA NATUZ, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	022
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a 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
	r.mer r iorida street daaress
	, Florida City Zip Code
New Degistered Agent's Signature if changing Registered Agent:	Cay Zip Code

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Remove	
	VIII.	Change	
			□Add
		□Remove	
		Change	
		□Add	
			□Remove
		□Change	
			□Add
		□Remove	
		□Change	
			□Add
			□Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
lf an effect <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u></u>	May 15t 2022 Signature of a member or authorized representative of a member
	EPICA SMITH Typed or printed name of signee