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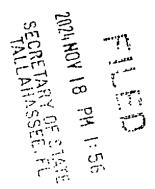
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registration Section **Division of Corporations** SIMPLE MOM CREATIONS, LLC ECT: Name of Limited Liability Company nclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: KAYLIE D FUENTES Name of Person Firm/Company 1760 NW 102ND BLVD Address WILDWOOD, FL 34785 City/State and Zip Code BLENDEDFARMCOLLECTIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: LIE D FUENTES 519-8507

Name o	of Person	Area Code	Daytime Telephone Number
sed is a check for t	he following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &

Mailing Address:

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

Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION **OF**

SIMPLE MOM CREATIONS, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
icles of Organization for this Limited Liability Comdocument number L21000104903	ipany were filed on MARCH 4, 2021	and assigned
document number		
endment is submitted to amend the following:		
mending name, enter the new name of the limited	l liability company here:	
ED FARM COLLECTIONS, LLC		
name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
new principal offices address, if applicable:		
pal office address MUST BE A STREET ADDRES	55)	
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new mailing address, if applicable:		27 18
ng address MAY BE A POST OFFICE BOX)		200 p 111
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imending the registered agent and/or registered of	ffice address on our records, enter the	name of the new registered
and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	City	Zip Code
Registered Agent's Signature, if changing Registered A	gent:	
by accept the appointment as registered agent and sions of all statutes relative to the proper and compit the obligations of my position as registered agent filed to merely reflect a change in the registered cany has been notified in writing of this change.	plete performance of my duties, and I at as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
ī	f Changing Registered Agent, Signature of New	w Registered Agent

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date, if other than the date of filing:	(optional)
ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirem's effective date on the Department of State's records.	
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
2/17/23 Kaylee Lints	
Signature of a member or authorized representative of a memb	er
Typed or printed name of signee	