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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section Division of Corporati	ons				
SUBJECT: SUYLSU	F Naturals Name of Limite	d Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amend	dment and fee(s) are submi	tted for filing.			
Please return all correspondence	e concerning this matter to	the following:			
	Monique Surese	Name of Person  H DUTUY	US UL		
	2272	- Alipert Address	ed s	SE	202
_	Nuples	FL 34 City/State and Zip Code	112		
	E-mail address: (to	o - OWLAS be used for future annual	report no litication)	LCOM	
For further information concern	ing this matter, please call:	:			
Name of Person	Duens	at ( <u>413</u> )	Daytime Telepho	20 one Number	
Enclosed is a check for the follow	wing amount:				
S \$25.00 Filing Fee ☐ S	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en-		\$60.00 Filing Certificate of Certified Cop (additional copy	f Status &
Mailing Address: Registration Sectio Division of Corpor P.O. Box 6327		Divisio	ddress: ation Section on of Corporation entre of Tallahas		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUVESCIF NUTCYCLS 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 04/12/2021 lorida document number L2100007554.	and assigned
his amendment is submitted to amend the following:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the al	obreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on our records, enter the nangent and/or the new registered office address here:	ne of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida,	Zip Code *
	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	• •
hereby accept the appointment as registered agent and agree to act in this capacity. I further ag rovisions of all statutes relative to the proper and complete performance of my duties, and I am ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, eing filed to merely reflect a change in the registered office address, I hereby confirm that the li	familiar with and if this document i

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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<u>ote:</u> l	f the date inse	erted in this	block does n	ling: and connot be p ot meet the app of State's reco	dicable statutor	ng or more than 9 y filing require	(optional) 0 days after filing ments, this date	) Pursuant to 605.020 will not be listed a
record is file		layed effect	ive date, but	not an effectiv	e time, at 12:01	a.m. on the ea	alier of: (b) Th	e 90th day after the
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				/		• )		

Filing Fee: \$25.00