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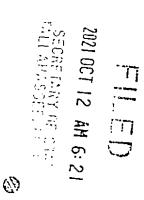
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

	Registration Sec Division of Corp								
		VE FAMILY FARMS LLC							
SUBJEC	1:	Name of Limit	ted Liability Company						
The enclo	sed Articles of a	Amendment and fee(s) are subr	nitted for filing.						
Please ret	urn all correspoi	ndence concerning this matter t	to the following:						
		Christian Sanchelima, Esq.							
			Name of Person						
		Sanchelima & Associates.	P.A.						
			Firm/Company						
		235 SW Le Jeune Road		· .					
			Address						
		Miami, Florida 33134							
			City/State and Zip Code						
		tm@sanchelima.com							
For furth	er information c	E-mail address: (oncerning this matter, please ca	to be used for future annual repo all:	rt notification)					
	n Sanchelima, Es		305 447-16						
	Name o	f Person	at () Area Code	Daytime Telephone Number					
Enclosed	l is a check for the	he following amount:							
≘ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Addre		<u>Street Addr</u> Registratio						
	Division of C	Corporations	Division of Corporations The Centre of Tallahassee						
	P.O. Box 633 Tallahassee,			tonroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 AM 6:21

FRESH WAVE FAMILY FARMS LLC

- SECRETARY OF 5 141 TALLARASSEE, 1

(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 $\frac{07/06/2021}{1}$ and assigned Florida document number 1.21000307937 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C & A FAMILY FARMS, LLC. The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sireet address 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 Changing Registered Agent, Signature of New Registered Agent

زمنا

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
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Filing Fee: \$25.00