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2021 SEP -2 PH 2: 1

SUBJECT:	Lush Manage Name of Lim	ment LLC	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Shaqua	na Pichardo Name of Person	
	Lush 1	Management LLC Firm/Company	
		Point Street	
	Minneola	FL 34715 City/State and Zip Code	
For further information co	E-mail address: (i	asement LLC @ gma, 1.6 to Be used for future annual report no all:	otification)
Shaqvana Name of	Pichardo Person	at (<u>646</u>) <u>342</u> Area Code Dayti	- 8834 me Telephone Number
Enclosed is a check for th	e 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 tadditional copy is enclosed
<u>Mailing Address</u> Registration S Division of Co	ection	Street Address: Registration S Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations**

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FILED OF 7071 SEP -2 PM 2: 20

LUSH Management LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)

(<u>Name of the Limit</u>	ed Liability Compar (A Florida Limited L	iability Company)	on ou <u>r records.</u>)	
The Articles of Organization for this Limited Li Florida document number <u>L 2100032</u>		were filed on	July 15, 202	1 and assign
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	<u>f the limited liabi</u>	lity company hero	ţ:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ty Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C
Enter new principal offices address, if application of the control				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	E.	ddress on our rec	ords, <u>enter the nan</u>	<u>ie of the new re</u>
Name of New Registered Agent:			- ·	
New Registered Office Address:		Enter Floride	ı street address	
		<u></u>	, Florida	
		City		Zip Code

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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
AMBR	Shaquana Pichardo	3165 Hill Point St	[Add
		Minnedla, FL 34715	□Remov
			🗆 Changi
MGR	Luis Pichardo	3165 Hill Point st	
		Minneola, FL 341715	□Remov
			⊠Change
			□Removi
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Effective date, if other than the date of filing: 1/1/2021 (optional)	_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lined document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at ord is filed.	_	
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Dated July 26 . 2021 . Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated _	July 26 . 2021.
Signature of a member or authorized representative of a member		Luis Pichurt
		Signature of a member or authorized representative of a member

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