From: Heather Irving

4/25/22, 4:02 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

kvaswani@farmfetch.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FARMFETCH LLC

Certificate of Status	0
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C. BRUMBLEY
-- 2022

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Help

From: Heather Irving

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



	Or		
FARMFETCH LLC			
	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited L. Florida document number L21000324894		issigned	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	
n/a			20
he new name must be distinguishable and contain the v	vords "Limited Liability Company," the	e designation "LLC" or the abbreviation '	·Ľ. <u>į</u> g."
Enter new principal offices address, if applic	eable:		IPR F
(Principal office address MUST BE A STREET ADDRESS)			5 -
Enter new mailing address, if applicable:			F: 27
Mailing address MAY BE A POST OFFICE	 -		<i>:</i> –
		· · ·	<i>:</i> — -
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our ess here:	records, enter the name of the n	iew registered
Name of New Registered Agent:			
New Registered Office Address:	1560 Central Ave, Apt 275	71 4 7 1 1	·····
	Enter F	Florida street address	
	St. Petersburg	, Florida 33705	
	City	Zip Coc	le
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaction as reg	oer and complete perjormance i istered agent as provided for in	of my duties, and I am familiar i	orth and ocument is

being filed to merely reflect a change in the registered office address, I hereby confirm t company has been notified in writing of this change.

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_____ □Change

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 = M	anager uthorized Member		(((1122000149359 3)))
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
n/a			
			□Remove
			□Remove
			☐Change
			∃Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			☐Add
			□Remove
			TChange

From: Heather Irving

(((H220001493593))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 after the record is filed. Dated ___ April 25 2022 Signature of a member or authorized representative of a member

(((H220001493593)))

Kishor Vaswani, Manager

Typed or printed name of signee