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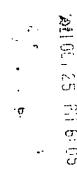
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COVER LETTER

| Division of Corporations |
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| SUBJECT: Cedens Omamental (CC) Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Ernesto Gueviero Name of Person |
| Cadeno Ornamental UC |
| 980 W 745 #105 Address |
| Coden ornamental agnal wn E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ernesto Guerrero : at 786 539-6499 Name of Person at 786 Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\sum{25.00 Filing Fee}\$ \sum{530.00 Filing Fee & Certificate of Status}\$ \$\sum{255.00 Filing Fee & Certificate of Status}\$ \$\sum{255.00 Filing Fee & Certificate of Status}\$ \$\sum{255.00 Filing Fee & Certificate of Status}\$ \$2560.00 Filing Fee, Certificate of Status & Certificate of St |

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gedens Ornamental (10 00) 25 | PI: 6: 05 |
|---|----------------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | · 4 |
| The Articles of Organization for this Limited Liability Company were filed on 09/23/20 Florida document number21000421476 | and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| 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 agent and/or the new registered office address here: | name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| | a Zin 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 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 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 |
|--------------|------------------|-------------------------------------|----------------|
| 7MBR | Ernesto Guerrero | 980 W 74 St #105 Higleah, A 3304 | \XAdd |
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| an effection and an effection and effection | date, if other than the date of filing: |
| record s I is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | October 15, 2021. |
| | Signature of a member or authorized representative of a member |
| | |