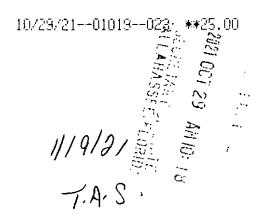


(Re	questor's Name)	
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COVER LETTER

	ision of Cor					
CHDICTT.	FANCY FRUITS, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		SIMONE I. RHODEN				
			Name of Person			
		FANCY FRUITS, LLC				
			Firm/Company			
		3901 WEST BROWARD	BLVD UNIT 122201			
			Address			
		FORT LAUDERDALE, F	L 33312			
			City/State and Zip Code			
		TRUEFANCYFRUITS@G				
		E-mail address: (to be used for future annual report no	filication)		
For further in	iformation c	oncerning this matter, please c	all:			
SIMONE L I	RHODEN		954 716-5542			
	Name o	r Person	at ()	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling 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)		
	ling Addres		Street Address:	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O	. Box 632	7	The Centre of Tallahassee			
Tall	lahassee, I	PL 32314	2415 N. Monro	oc Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANCY FRUITS, LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we	ere filed on 10/20/2021 and assigned
Florida document number L21000457975	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
he 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)	
<u>-</u>	20
	TOCT TOCT
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	63 883 883
	The state of the s
	1. 00 1. 00
 If amending the registered agent and/or registered office addigent and/or the new registered office address here: 	lress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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
MGR	RHODEN, SIMONE L	3901 WEST BROWARD BLVD	= Add
		UNIT 122201	□Remove
		FORT LAUDERDALE, FL 33312	Change
			□Add
			Change
			□Add
		32 C 	ORemove OChange
		75. 77. 77. 0.78. 10.78.	C □ Ādd
			□Add
			□Remove
			□Add
			□Remove
			□Change

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		2021 OCT 29
		A: C
		- ساز فتر:
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iding requirements, this date will not be listed as
he record specifies a delayed effective da ord is filed.	e, but not an effective time, at 12:01 a.r	m, on the earlier of: (b) The 90th day after the
OCTOBER 25TH	2021	
Su	ione Mhoder	
Sig	nature of a member or authorized representat	tive of a member
	SIMONE L RHODEN	

Filing Fee: \$25.00