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A. BUTLER FEB 1 0 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kris + Kate Organics, LLC 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:
Katherine E. Rice Name of Person
Krist Kate Organics LLC Firm/Company
1114 Hollygate Ln
Naplos, 71 34103 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katherine Rill at (239) 595-5270 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Z S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status ☐ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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**

Krist Kat	a Organics	LUC	
(Name of the Limited I	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi		1 13 33	and assigned
This amendment is submitted to amend the following	ng;		
A. If amending name, enter the new name of the Control of the new name must be distinguishable and contain the words			bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ecords, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
<u>-</u>		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regi	stered 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

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	Katherine E. Rice	1114 Hollygata Ln	🄀 dd
		Naples, 7L 34163	□Remove
			□Change
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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f an ef Note:	ive date, if other than the date of filing: (optional) lective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
record is fi	d 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 led.
Dated	1/27/22
	Signature on a member or authorized representative of a member
	Katherine E. Ria Typed or printed name of signee

Filing Fee: \$25.00