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SECRETARY OF STATE

COVER LETTER

TO:

TO:	Registration Section Division of Corporatio	o s			
CUD IE	NAT'ORGANICO	LC			
SUBJEC	.::	Name of Limited Liability Company			
The encl	osed Articles of Amendr	ent and fee(s) are submitted for filing.			
Please re	turn all correspondence	oncerning this matter to the following:			
	Enri	co Anders			
		Name of Person			
	Sup	a Tax LLC			
		Firm/Company			
	776:	Westwood Blvd. Ste 330			
		Address	S	20	
	Orla	ndo, Florida 32821	CRET	22 OC 1	j-m·
	busin	City/State and Zip Code	ECRETARY OF ST TALLAHASSEE.	2022 OCT PM 4:3	
		E-mail address: (to be used for future annual report notification)	SEC.	ĭ	
For furth	er information concerning	g this matter, please call:		ယ	
Enrico A	nders	407 890-1096 at ()			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed	is a check for the follow	ing amount:			
■ \$25.0	_	0.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 File Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified (additional control of the control of the certified (additional control of the certified control of the certified (additional control of the certified control of the c	e of Sta Copy	tus &	
	Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ions Division of Corporations The Centre of Tallahassee	10		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAT'ORGANICO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L22000050548 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 name of the new registered agent and/or the new registered office address here: Supra Tax LLC Name of New Registered Agent: 6675 Westwood Blvd, Ste 330 New Registered Office Address: Enter Florida street address Orlando

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.

Cirr

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
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lan effec Note: H	tive date is listed, the da the date inserted in t	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 this block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	0207 (d as t
record : Lis filed	specifies a delayed ef f.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ated	7th of September	2022	
		Signature of a member or authorized representative of a member	
		Signature of a member or authorized representative of a member	
	Enrico Anders		
		Typed or printed name of signee	