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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email	Address:	
	/144: C33.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRAZE & BLOOM LLC**

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K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL
2022 MAR 15 PM 4: 11
ALLAHASST T. TLORIDA

GRAZE & BLOOM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/22/22	and assigned
Florida document number L22000080762		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	973 NW 129TH AVENUE	
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal office manages wood of the tribute to	MIAMI, FL 33182	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Judith M. Miro	973 NW 129th Avenue	X ∙Add
		Miami, Fl 33182	□Remove
			□Change
AMBR	Jacqueline Castro-Vallebona	973 NW 129th Avenue	X Add
		Miami, Fl 33182	□Remove
			Change
			Add HR DRemoves
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the E	ock does not meet the a	pplicable statutory	or more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605.0207 (s date will not be listed as th
record specifies a delayed effective d is filed.	re date, but not an effect	ive time, at 12:01 a	.m. on the earlier of: (t	o) The 90th day after the
Dated 03/15	2022	2		
	Signature of a member or			
(lordon luld	۱.۵			

Filing Fee: \$25.00