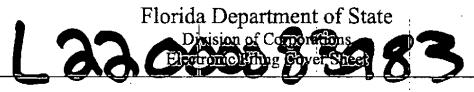
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Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAFE NATURAL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAFE NATURAL LLC		and the seconds \		
( <u>Name of the Limited Liability (</u> A Florida Li	mited Liability Company	y)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/28/2022}{2000083983}$ and as				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company	here:		
The new name must be distinguishable and contain the words "Limited	Liability Company." th	e designation "LLC" or the abbreviation "L.L.C."		
•		AVE SUITE 507		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SS) MIAMI, FL. 3	MIAMI, FL 33131		
Enter new mailing address, if applicable:	150 SE 2ND	AVE SUITE 507		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL.3	33131		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		on our records, enter the name of the r		
Name of New Registered Agent:	ND AVE SOITE 307			
New Registered Office Address:	Enter I	Florida street address		
Miami	(Sint)			
	City	Florida 33131 Zip Code		
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	iplete performance nt as provided for i	of my duties, and I am familiar with and		

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

p.3

If amending Authorized Person(s) authorized to manage	, enter the title, name, and addre	ss of each person being added
or removed from our records:		

MGR = M $AMBR = A$	anager uthorized Member		
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