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COVER LETTER

TO:	Registration S Division of Co			
SUBJF	ocer:	NAgra Herbal	LLC	
		∅ U Name of 1.	imited Liability Company	
The enc	dosed Articles o	f Amendment and fec(s) are s	ubmitted for filing.	
Please r	return all corresp	condence concerning this matt	er to the following:	
		GiNA	BRADY Name of Person	
		WAG	zatterbal LLC	
		800	Wæden Tsland	Dr
		Nieu	The FL 32578 City/State and Zip Code	<u> </u>
		GINAG PRI	City/State and Zip Code Mispeaty - Con to be used for future admial report no	itication i
For furt	her information (concerning this matter, please	call.	
	-Gint Name o	+ BRAdy of Person	at (<u>\$13</u>)646	677 ne Telephone Number
Enclose	d is a check for t	the following amount:		
X \$25	,00 Filing Fee	L1\$30.00 Filing Fee & Certificate of Status	Li \$55,00 Filing Fee & Certified Copy cadditional copy is enclosed)	1.1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
	Division of C	•	Division of Co	rporations
	P.O. Box 632	2.1	The Centre of '	Lattaliassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Gus's Corner LL	-C
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200(08033</u> .	were filed on 3/22/26/27 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilities and contain the words "Limited Liabilities and contain the words "Limited Liabilities and contain the words "Limited Liabilities".	
The new name must be distinguished and contain the words "Limited Liabilitation new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SCO Weden Island On. Niceville, FL 32578
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	800 weeden Island Dr. Niceville, FL 32578
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	- BRACY
New Registered Office Address: \$00 U	Veeden DS/And DR Enter Florida street address UNLE Florida 32578
	ULL Florida 32578 Zip Code
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 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>	Name	Address	Type of Action
MGR	Jeffry BRAdy	1060 Plantation Bay Dr TAMPA, FL 32647	<u></u> □Add
	, ,	TAMPA, FC 33647	Premove
			□Change
			🗆 Add
			□Remove
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effective date is liste <u>e:</u> If the date inser	er than the date of fi d, the date must be specific ted in this block does n date on the Department	c and cannot be prior not meet the applica	to date of fifing or more able statutory filing re	(optional) han 90 days after filing.) quirements, this date w	Pursuant to 605.020 fill not be listed a
ord specifies a del filed,	ayed effective date, but	not an effective til	me, at 12:01 a.m. on t	ne earlier of: (b) The	90th day after th
1 23	7027	·	·		
		m			
	Signature of	of a member or autho	rized representative of a	member	
		BRAde Typed or printe			