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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECOND LAYER ORGANICS LLC

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18506176383

From: ZenBusiness User

TO: Registration Section Division of Corporations

Second Layer Organics LLC

SUBJECT:

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:

	Diego Cruz			
		Name of Person	· · ·	
	ZenBusiness INC Firm/Company			
	336 E. College Ave Suite	301		
Address				
	Tallahussee, FL 32301			
	City/State and Zip Code			
	fulfillment@zenbusiness.co)ri)		
	E-mail address: (to be used for future annual r	eport notification)	
For further information c	oncerning this matter, please c	all:		
c/o ZenBusiness INC		844 493 ut ()	-6249	
Name o	f l'eison	Area Code	Daytime Telephone Number	
Enclosed is a check for the	re following amount:			
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta	tus &

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

2025-01-11 13:23:22 UTC+14 18506176383 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Second Laver Organics LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	(ds.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000255485</u>	were filed on 2022-06-03	and assigned		
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 Liabi	lity Company," the designation "LL	.C" 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)		2025 JAH 13 /19		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street addr	ess		
	, Florida			
	City	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, or provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bryce Browning	665 Sailfish Drive Fast	[]Add
		Atlantic Beach, NY 32233-4200	
			Change
AMBR	Hubert Southall	5315 Clinton St Los Angelas , CA 90004	\(\begin{align*} \Bar{A} & \\ \Bar{A}
			🗆 Change
AMBR	Eric Hu	147 Woodbine Road Roslyn Heights, NY 11577	∃ ∧dd
			□Remove
			LlChange
MGR	Bryce Browning	665 Sailfish Drive East	■Add
		Atlantic Beach, FL 32233	□Remove
			□Change
			UAdd
			[]Remove
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he record y ord is filed		effective date, b	out not an effectiv	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after the
Dated	10		2025				
	/s/ Bryce Bro	wning					
		Signatin	re of a member or a	nuthorized represe	ntative of a member		