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COVER LETTER

	Registration Se Division of Cor					
SUBJEC		ORIDA PRODUCE, LLC				
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		STEVEN J. BRACCI, ESC	Q.			
			Name of Person			
		STEVEN J. BRACCI, PA				
		· · · · · · · · · · · · · · · · · · ·	Address			
		NAPLES, FL 34109				
		City/State and Zip Code				
		steve@braccilaw.com E-mail address: (to be used for future annual	report notification)		
For furth	er information c	oncerning this matter, please c		•		
STEVE	N J. BRACCI, E	SQ.	239 59 at ()	6-2635		
	Name o	i Person	Area Code	Daytime Telephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25 .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &		
	Mailing Address Registration S		<u>Street A</u> Registr	ddress: ation Section		
	Division of C	orporations	Divisio	n of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA PRODUCE, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L22000290051</u>		and assigned
This amendment is submitted to amend the following	ng:	
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Inter new mailing address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address, if applicable: Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
		name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F1 3 -	
-	, Florida	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 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	DEANNE OAKES	106 14th STREET	■Add
		IMMOKALEE, FL 34142	□Remove
			Change
MGR	FRANCIS A. OAKES, III	106 14th STREET	□Add
		IMMOKALEE, FL 34142	
			□ Change
			2022 SE SECRE
			Per
			2022 SEP & 9 AMUI: 33 SECRETERY OF STATE TALLAHASSEE, FL
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Remove
			□Change

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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of does not meet the applicable stat	(optional) filling or more than 90 days after filing.) Pursuant to 6 utory filing requirements, this date will not be li	605.0207 (3 isted as th
3 00-1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
he record specifies a delayed effective de ord is filed.	ate, but not an effective time, at 1.	2:01 a.m. on the earlier of: (b) The 90th day af	fter the
Dated	2022		
\triangleright	Fran Oakes	_	
Sig	gnature of a member or authorized rep		
	Deanne Da	Kes	

Filing Fee: \$25.00