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COVER LETTER

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: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company Soll Haines Nussely LLC Name of Person Firm/Company Soll Haines Nussely LLC Address St. Februshung FL 33714 Solly/State and Zip Code The Christian Hermander and Amendment and Jip Company For further information concerning this matter, please call:	Division of Corpor			
Please return all correspondence concerning this matter to the following: Tran C. Hernander Name of Person Firm/Company 5001 Haines Rd. N Address St. Potersburg FL 33714 City/State and Zip Code Tran Christian Harnander (20 9 Mai). Com E-mail address: (to be used for future annual report notification)	SUBJECT:		Haines Nursery ted Liability Company	LLC
Please return all correspondence concerning this matter to the following: Tran C. Hernander Name of Person Firm/Company 5001 Haines Rd. N Address St. Potersburg FL 33714 City/State and Zip Code Tran Christian Harnander (20 9 Mai). Com E-mail address: (to be used for future annual report notification)	The enclosed Articles of Am	andment and fee(s) are sub-	nitted for filing	
Firm/Company 5001 Haines Rd. N Address St. Februsburg FL 33714 City/State and Zip Code Juan Christian Hanandez (a gmail. Com E-mail address: (to be used for future annual report notification)				
Firm/Company 5001 Haines Rd. N Address St. Retesburg FL 33714 City/State and Zip Code Juan Christian Hanneles (a gmail. Com E-mail address: (to be used for future annual report notification)	Please return all corresponde	nce concerning this matter	to the following:	
St. Retusburg FL 33714 City/State and Zip Code Juan Christian Hernandez (20 9 Mai). Com E-mail address: (to be used for future annual report notification)	-	Juan C.	1 001 100710	
St. Retusburg FL 33714 City/State and Zip Code Juan Christian Hernandez (a gmail, Com E-mail address: (to be used for future annual report notification)	-		Firm/Company	
E-mail address: (to be used for future annual report notification)	-	5001 Hain	es Ld. N	
E-mail address: (to be used for future annual report notification)	-	St. Retusbur	g FL 33714 City/State and Zip Code	
For further information concerning this matter, please call:	- -	Juan Christi	an Hernandez Par a	(Mai), COM fication)
- •	For further information conce	rning this matter, please ca	11:	
Juan C. Hernandez at 727, 902-8692 Name of Person Area Code Daytime Telephone Number		Irandez		
Enclosed is a check for the following amount:	Enclosed is a check for the fo	lowing amount:		
► \$25.00 Filing Fee Sade Solution Filing Fee & Solution See Solution	∑\$25.00 Filing Fee □		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	Registration Secti Division of Corpo		Registration Sec Division of Cor	porations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		2314	2415 N. Monroe	e Street, Suite 810

ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

50th & Haines	Nursery LLC.
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1-2-2003\6446</u> .	were filed on $07/18/22$ 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 Liabil	ity Company," the designation "LLC" 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)	ECRE AR OF
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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
AMBR	Juan C. Hernandez	5000 17+4 St. N. St. Rete, FL. 33714	🗹 Ádd
			□Remove
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ecord specifie is filed.	a delayed effectiv	/e date, but n	iot an effect	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day	after the
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