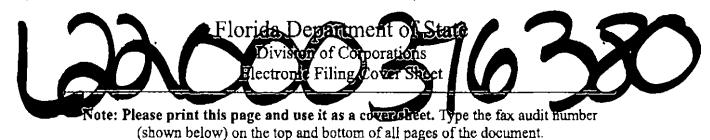
Division of Corporations



(((H220003468013)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727 Fax Number : (305)226-8767

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VERDYFRUT DON CHICO LLC

Certificate of Status	0
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T. LEMIEUX Help

OCT 1 2 2022

COVER LETTER

TO: Registratio Division of	n Section Corporations	PRDYFRUT	DON (CHICO LLC
SUBJECT:	Name of L	imited Liability Company		
	s of Amendment and fee(s) are su	-		
Please return all corre	espondence concerning this mane	er to the following:		
	LUCIA ESTRELLA			
		Name of Person		-
	LICENSES & PERMITS	LLC		
		Firm/Company		g Fee, of Status &
	8300 WEST FLAGLER	STREET SUITE 114		
		Address		•
	MIAMI, FLORIDA 3314	4		
		City/State and Zip Code		
	ACRUZ.ACCURATE@G			
For firther information	n concerning this matter, please o	(to be used for future annual report	notification)	
	n concerning this metter, please (CRIL		
LUCIA ESTRELLA		305 226-872' at () Area Code Da		
Name	e of Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Capy (additional copy is enclosed)	Certified (of Status &
Mailing Addr Registration Division of		Street Address Registration Division of O	Section	
Division of	Corporations	Division of C	orporations	

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

	VERDYFRUT DON	J CHICO U
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
	8/29120	22
The Articles of Organization for this Limited Liability Com		and assigned
Florida document number L 2 2 (<i>20376380</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
VERDYF	RUT DON CHICK	HO U.C
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		···········
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off		20.5
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, <u>enter the nar</u>	ne of the new registered
The state of the s		\mathcal{L}_{i}
		ニニ
Name of New Registered Agent:		
New Registered Office Address:		PH
	Enter Florida street address	7.4
	, Florida	09
	Clty	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.

10/10/2022 22:45 (FAX) P.004/005

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>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			□ Change
			□Add
			DRemove
			Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			Change
.			□Add
			□Remove
			□Change
			□Remove
	•		. Uthan or

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
lf an effective da Note: If the di	e, if other than the date of filing: (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(6 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
e record specifi rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the
- 30	10/11/2022
Dated	
-	Polro Mercaro Velass
	Signature of a member or alphorized representative of a member
	Tolores of a member of afforesteer relices entering of a member

Filing Fee: \$25.00