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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

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

mail	Address:	RLOPS@PARASEC.COM											
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPRUCE COTTON LLC

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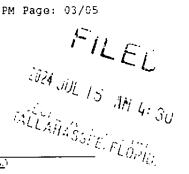
Electronic Filing Menu — Corporate Filing Menu

Help

K. SALY JUL 15 2024 .To: 18506176383 From: 19166105073 Date: 07/15/24 Time: 4:09 PM Page: 03/05

DigiSign Verified - 04ce83c7-6488-41be-88b1-9b21f5f9341f

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPRUCE COTTON LLC

(Name of the Limited Liability Compa (A Florida Limited I		<i>50/2</i> /				
The Articles of Organization for this Limited Liability Company	were filed on01/23/2024 and assignment	gned				
Florida document number <u>1.23000039718</u>						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited liab	pility company here;					
Living Spruce LLC						
the new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "I. L	C "				
Enter new principal offices address, if applicable:	1019 41st street unit b					
Principal office address MUST BE A STREET ADDRESS)	Sara sota FL 34234					
Enter new mailing address, if applicable:	1019 41st street unit b					
Mailing address MAY BE A POST OFFICE BOX)	Sara sota FL 34234	<u> </u>				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new</u>	<u>regist</u>				
igent and or the registered office address here.						
Name of New Registered Agent:						
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address					
	Enter Florida street address Florida Cuv Zip Code					

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.

.To: 18506176383 From: 19166105073 Date: 07/15/24 Time: 4:09 PM Page: 04/05

DigiSign Verified - 04ce83c7-6488-41be-88b1-9b21f5i9344f amending Authorized rerson(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

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	July 1		. 2024					
Dated	July 1		٠	 ·				

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