L23000078554

(Requestor's Name)	
(Address)	200433619202
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	07/30/2401028012 **25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	2027 July 3.3

Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporation	rations	,	
		Staut C	rganics LLC	
SUBJI	ECT:	Name of Limite	d Liability Company	
SUBJECT: SENT CYGANICS LICC Name of Limited Lability Company				
		1		
		Jacq	veline trigish	
			Name of Person	
			Firm/Company	
		1276 V	v Dei Nebb Bird	
			Address	
		sun cut	m Center, FL 33573	
			City/State and Zip Code	
		Jac	KITMENGLISH WORNAIT. COIN	
	lacqueline	English _	at 757, 944 0646	
	Name of	Person	Area Code Daytime Telephone Number	
Encl	osed is a check for th	e following amount:		
X	\$25.00 Filing Fee	\$30.00 Filing Fee &	555,00 I fing Fee at	&
<i>د</i> ۔۔۔	- 3	Certificate of Status	Certified Copy	sed}
	Mailing Addres	<u>s:</u>		
	Registration S Division of C	Section formorations	Division of Corporations	
	P.O. Box 632	.7	The Centre of Tallahassee	
	Tallahaccee		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 2/13/23 Florida document number	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Organic make the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the able the limited liability Company, the designation "LLC" or the able the limited liability Company, the designation "LLC" or the able that the limited liability Company here: [Principal office address MUST BE A STREET ADDRESS]	previation "L.L.C."
(Principal office address WOST BETTOTALL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	r corosons
B. If amending the registered agent and/or registered office address on our records, enter the namagent and/or the new registered office address here:	123
Name of New Registered Agent:	1 E
New Registered Office Address: Enter Florida street address	
, 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 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
			□Add
			□Remove
			□Change
		□Add	
			Remove
			Change
		□Add	
			□Remove
			Change
		□Add	
		□ Remove	
			Change
			🗆 Add
		□Remove	
		□ Change	
			□ Add
			□Remove
			□Change

amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ffective (date, if other than the date of filing: (optional) (optional)
an effective	date, if other than the date of filing: The date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a constant of the constant of th
ocument'	s effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90	th day after the record is filed.
Dated	70/240/24 2024.
	O O O O O O O O O O O O O O O O O O O
	Signature of a member or authorized representative of a member
	la callelino Fralish

Page 3 of 3

Filing Fee: \$25.00