

L23000185633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Everglades Essentials Trading LLC
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:

~~Thomas Speziale~~ THOMAS BERENI SPEZIALE
Name of Person

Firm/Company

3841 NE 16th St
Address

Pompano Beach, FL 33064
City/State and Zip Code

~~tom@speziale.com~~ T.SPEZIALE@HEMPFLUENT.CO
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Reiben 631 838-8048
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Everglades Essentials Trading LLC

(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 4/14/23 and assigned Florida document number L23000185633.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Everglade Essentials Trading Co LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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STATE OF FLORIDA
ARTICLE 605

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>THOMAS BORGHI</u> <u>SPECIALIST</u>	<u>3841 NE 16TH AVE</u>	<input checked="" type="checkbox"/> Add
		<u>POMPANO BEACH FL</u>	<input type="checkbox"/> Remove
		<u>33064</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>PETER BIGGAM</u>	<u>PO BOX 1195</u>	<input checked="" type="checkbox"/> Add
		<u>APTOS CA</u>	<input type="checkbox"/> Remove
		<u>95001</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>RAFAEL MOJDEN</u>	<u>1773 EMERSON CT</u>	<input checked="" type="checkbox"/> Add
		<u>CHASKA MN</u>	<input type="checkbox"/> Remove
		<u>55318</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

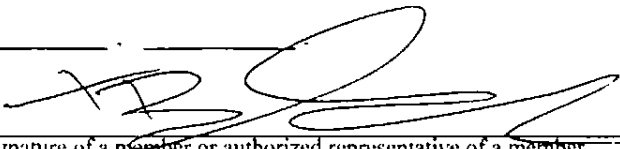
Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
CLERK OF THE SECRETARY

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/24/23



Signature of a member or authorized representative of a member

~~Thomas Spina~~ THOMAS BORGHESI SPECIALE

Typed or printed name of signee