(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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ORAPPLE FRESH LLC

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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help JUN 19 2023 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4	Grapple Fresh LLC		
•	(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles	of Organization for this Limited Li	iability Company were filed on 06/05/23	and assigned
orida docu	ment number	·	
nis amendn	nent is submitted to amend the follo	owing:	
lf ameno	ling name, enter the new name of	f the limited liability company here:	
e new name	must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new p	orincipal offices address, if applic	able:	
rincipal of	ffice address MUST BE A STREE	T ADDRESS)	
	nailing address, if applicable:		
		DOM:	
<u>taiting aac</u>	dress MAY BE A POST OFFICE	BOA)	
		egistered office address on our records, enter the	
ent and/o	r the new registered office addres	ss here:	กุวร
			(=
Nai	me of New Registered Agent:		.
		- 1. 390/11	. 0
Ne	w Registered Office Address:		<u></u>
		Enter Florida street address	် က
		Flori	
		City	da <u>ω</u> Zip Čờđe

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 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	Luke Seigler	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
		 	□Remove
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	1		□Add
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fective date, if other than than than than effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	nust be specific and o block does not me	cannot be prior to c	ate of filing or more e statutory filing re	(optiona han 90 days after filin quirements, this dat	g.) Pursuant to 605.0207
record specifies a delayed effectis filed.	tive date, but not a	an effective time	at 12:01 a.m. on t	he earlier of: (b) 1	The 90th day after the
ated June 19th		2023			
ated June 19th	Smi	th			
/	Signature of a m	ember or authorize	d representative of a	member	
	Bigilatare of a fi	iemoer or administra		The the co	

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