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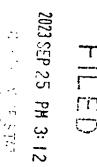
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COVER LETTER

TO: Registration So Division of Con		•	
CLIN IT ZVP	DULZURA T	OBACCO LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicholas E. Pantelopoulos	. Esq.	
		Name of Person	
		Firm/Company	
	355 Alhambra Circle, Suit	e 1201	
		Address	
	Coral Gables, FL 33134		
	nep@kmazuckert.com E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)
For further information of	concerning this matter, please c		
Nicholas E. Pantelopoulos, Esq.		305 506-2052	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration		<u>Street Address:</u> Registration Sec	ction
Division of C P.O. Box 63:	Corporations	Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DULZURA TOI	3ACCO LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number 1.23000278690	were filed on 06/08/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 Fi
Principal office address MUST BE A STREET ADDRESS)		
		25
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>		
3. If amending the registered agent and/or registered office :	address on our records, enter th	ne name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	Cuy	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HERITAGE FESTIVAL, LLC	4571 CLARK ROAD	
		SARASOTA, FI. 34233	■Remove
			Change
MGR	KALASHO HOLDINGS, INC.	6500 SUNSET WAY SUITE 418	
		ST, PETE BEACH, FL 33706	□Remove
			□Change
			□Add
			□Remove
			_ □Change
			□Add
			□Remove
			□ Change
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			Change
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			Remove
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effective date is lis te: If the date ins	ther than the date of filing:)201 d as
cord specifies a d i filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	September 20 2023	
ed		
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Filing Fee: \$25.00