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(Document Number)
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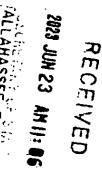
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COVER LETTER

	tion Section of Corporations
SUBJECT: X	Pame of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	RANDY Woodcool
	RES Jencin & Lowegle Design (LC
	711 Little John M. Address
	Tall 3 Z 3 L O City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
Zand, L	nation concerning this matter, please call: at (650) 55(0184 Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
□ \$25.00 Filing	Fee \$\bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ZIS Fruit Elmite	d Liability Company	as it now appears on ou	((C		
The Articles of Organization for this Limited Lia Florida document number \(\bigsiz \frac{73000}{2789} \)	ability Company w		,	and as	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company here:			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET) Enter new mailing address, if applicable:	ible:	Company," the designati	on "LLC" or the	2023 JUN 23	
(Mailing address MAY BE A POST OFFICE L	<u>BOX)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our records	, enter the na	me of the ne	w registered
Name of New Registered Agent:	Randy	Worderd			
New Registered Office Address:	7-11 L:++14	Enter Florida stree	et address		
	Tallahosse		, Florida _	3 2.31 0 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
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		 	□Add
			□Remove
			□Add
			□Remove
			□Change

(If an o	ctive date, if other than the date of filing:
he rec ord is	ord 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 filed.
	d : (1/23/23)
Date	
Date	
Date	Signature of a member or authorized representative of a member