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## **COVER LETTER**

10: Registration S Division of Co		4	
SUBJECT:	Mlecfulately Name of Lir	- Haze L. C	· 
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	- Tyc	ede Ryan	
	SWeelwo	Lev Haze LLC	
		water Largo Rd.	#202
	_ Clearupate	Address  Address  Address  City/State and Zip Code	
	E-mayl address: (	Marie D amail.	CON tification)
For further information c	oncerning this matter, please c	all:	
Mycole Name o	Ryan Person	at ( <u>H5</u> ) <u>928</u> Area Code Daytin	3144 ne Telephone Number
Enclosed is a check for th	e 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

Sweetwater Haze	, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000338009</u>	were filed on 12/14/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab    V   D   FINE	S LLC	abbreviation "L.1.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		FB 20 M 8: 19
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del> -	Florida _	Zip Code
New Registered Agent's Signature if changing Degistered Agent.	·	ray cone

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
		<del></del>	□Add
			Remove
		·	□Change
<del></del>			□Add
			□Remove
		<del></del>	□Change
<del></del>		<del></del>	□ Add
			□Remove
			Change
			□Remove
			Change
<del></del>		·	
			□Remove
		. <u></u> .	Change
			□Remove
			∏ Changa

## Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3/14/24 February 14th, 2024
	I hook Kilah.
	Signature of a member or authorized representative of a member
	Tycole Ryan  Typed or printed name of signee