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Y. SCOTT SEP 10 2023

COVER LETTER

Division of Corp		and the second s	· , ,
SUBJECT: FLO	ORIDA MATIU Name of Limi	IE NURSERY, ited Liability Company	Lic
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	FERNANDO	GARCIA SR Name of Person	
	FLORIDA NATI	Firm/Company	<u>c :</u>
	476 N.	BARLOW RD Address	TI TI
	MANCHULA, Frinussevs. 0 E-mail address: (1)	FLORION 3: City/State and Zip Code City/State and Zip Code City/State and Zip Code O be used for inture annual report notion	SECRILITATION OF STATE S
For further information ec	oncerning this matter, please ca		
ANN GON Name of	1EZ Person	at (<u>786</u>) <u>339</u> - Area Code Daytim	0584. Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Se	ection

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

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

FLORIDA NATIVE NURSERY LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000344442</u>	y were filed on July	1 20, 2023 and assigned
This amendment is submitted to amend the following:		SECRETA SECRETA
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	5 5
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TO W
(Principal office address MUST BE A STREET ADDRESS)		Fig. 63
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WAUCHULA	BARLOW Rd FURIDA 33873
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FERNANDO GARCIA, SR	476 N. BARLOW Rd	\dd
		WAUCHULA F) 33873	□ Remove
			□Change
			□Add
			□Remoye
		2023 AU SECRE	Change
	·	- <u> </u>	Add
		2023 AUG 16 PH 3: 33 SECRETA RY OF STATE TALLAMASSELLEL	Remove
			□Change
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fective date, if other than the date of filing: 08-14-2 an effective date is listed, the date must be specific and cannot be prior to date of filingte: If the date inserted in this block does not meet the applicable statutor occurrent's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	I a.m. on the earlier of: (b) The 90th day after the
ated August 14, 2023. Tensor Signature of a member or authorized representation.	
Signature of a member or authorized repres	entative of a member