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COVER LETTER

Division of Cor	porations		
I G SUGA1	D CLIDBLY LLC		
SUBJECT: LG SUGAI		ited Liability Company	
		, , , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LUIS EDUARDO ALFON	NZO	
		Name of Person	
		Firm/Company	
		• •	
	7656 RIPPLEPOINTE WA	<u> </u>	
		Address	
	WINDERMERE/FLORID	A 34786	
		City/State and Zip Code	
	LEALFONZO@GMAIL.C		
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
LING COLL DOG ALE		P04 P04P704	
LUIS EDUARDO ALFONZO Name of Person		at (786) 2962396 Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

TO:

Registration Section

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

LG SUGAR SUPPLY, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 11/10/2023	and assigned
Florida document number £23000511372		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>(</u>	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	. Florida	
	City	, Florida Ζφ Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre	ee to act in this capacity	. I further agree to comply with t

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

11:8 H3 91 NON CONG

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
M6R	Gonzalo Melgarejo Penvely		DAdd
	(2), - 2 (2)		□Remove
			Change
			DAdd
			□Remove
			[] Change
			□Add
			🗆 Rеточе
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove

	PLEASE CORRECT THE FOLLOWING ON ARTICLE V
	THE MGR'S NAME MELGAREJO MELGAREJO PENUELA IS WRITTEN INCORRECTLY AND
	THE CORRECT NAME IS GONZALO MELGAREJO PEÑUELA
	• · · · · · · · · · · · · · · · · · · ·
If an c Note	tive date, if other than the date of filing:
e reco	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.
Dated	NOVEMBER 14 2023
	\ \[\lambda_{\text{\chi}}\]

Filing Fee: \$25.00

Typed or printed name of signee