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| Special Instructions to | Filing Officer | |
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COVER LETTER

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| | | |
| Name of Lim | ited Liability Company | . |
| f Amendment and feets) are sub- | mitted for filing | |
| | | |
| ondence concerning this matter | to the following: | |
| EDGAR GUARIN | | |
| | Name of Person | |
| Ve'S Trees LLC | | |
| | Firm/Company | |
| 119 OHIO RD | | |
| , , , , , , , , , , , , , , , , , , , | Address | |
| LAKE WORTH FL, 3346 | 7 | |
| | City/State and Zip Code | ····· |
| | to be used for future annual report notif | reation) |
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| vonevi,gva.c., preuse v | | |
| | at (| e Telephone Number |
| of Person | Area Code Daytime | e Telephone Number |
| the following amount: | | |
| ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Street Address: | |
| | Amendment and fee(s) are subsondence concerning this matter EDGAR GUARIN Ve'S Trees LLC 119 OHIO RD LAKE WORTH FL. 3346 ves-trees@outlook.com E-mail address: (concerning this matter, please c of Person the following amount: \$30.00 Filing Fee & | Name of Limited Liability Company If Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following: EDGAR GUARIN |

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

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

| Ve's Tress LLC | | |
|--|--------------------------------|--------------------|
| (Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company) | rs on our records.) | |
| he Articles of Organization for this Limited Liability Company were filed on Juliorida document number L24000263191 | ne 10, 2024 | and assigned |
| nis amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liability company he | ere: | |
| 'e'S Trees LLC | | |
| e new name must be distinguishable and contain the words "Limited Liability Company," the c | designation "LLC" or the abbi | reviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | · | 2024 |
| | | 3 TI |
| nter new mailing address, if applicable: | ည်း | , O . |
| failing address MAY BE A POST OFFICE BOX | רון: רון: | L-contract |
| | 715 | |
| | ř | |
| . If amending the registered agent and/or registered office address on our rent and/or the new registered office address here: | records, <u>enter the name</u> | of the new registe |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Flo | orida street 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 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 |
|--------------|------|---------|----------------|
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| C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record 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 | | |
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| Dated October 24 . 2024 . Signature of a member or authorized representative of a member | Not | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| Signature of a member or authorized representative of a member | | |
| | Dat | ed October 24 p. 2024. |
| | | |
| | | Signature of a member or authorized representative of a member |
| | | |

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Filing Fee: \$25.00