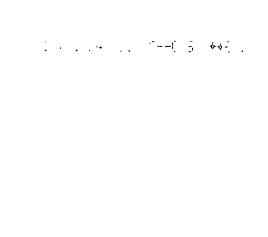
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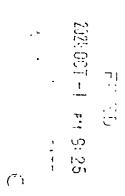
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

то:	Registration Se Division of Cor		•	
CIID II		RESH FINDS LLC		
SUBJE	:C1:	Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SHADAE GAYLE		
			Name of Person	
		THE BUSINESS BANQ L	LC	
			Firm/Company	
		2498 SE WATERCREST S	ST	
		· · · ·	Address	
		PORT ST LUCIE , FL, 349	984	
			City/State and Zip Code	
		info@thebusinessbank.net	o be used for future annual report notifi	
				eaton)
For lur	ther information co	oncerning this matter, please ca	ill:	
SHAD	AE GAYLE		772 6468294	
	Name of	Person	at ()	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$2;	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURELY FRESH FINDS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{\text{JUNE } 14,2024}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROSEBUD AGRO PRODUCE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 66 WEST FLAGLER STREET Enter new principal offices address, if applicable: STE 932 (Principal office address MUST BE A STREET ADDRESS) MIAML, FL 33130 2498 SE WATERCREST ST Enter new mailing address, if applicable: PORT ST LUCIE FL (Mailing address MAY BE A POST OFFICE BOX) 34984 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 = MA $AMBR = AA$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		·	☐ Remove
			Remove
			Change
			Add
			Remove
			Add
			□ Remove
			Change
		 	
			□ Remove
			□ Change
			Add

☐ Remove

____ Change

-			
			
ffective date, if other than the an effective date is listed, the date motor: If the date inserted in this becoment's effective date on the lister.	block does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant tatutory filing requirements, this date will not	t to 605.020° be listed a:
e record specifies a delaye The 90th day after the re		effective time, at 12:01 a.m. on the	earlier o
ated SEPTEMBER 23	2024		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00