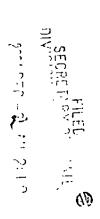
## L24000473781

(Requestor's	s Name)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIGOODS		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000473781</u> .	any were filed on 11/08/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
FLORIGOODS, L.L.C.		2
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or	he abbreviation "B.L.C.": 0
Enter new principal offices address, if applicable:	<del></del>	7 8
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		.: \>\ \>
Enter new mailing address, if applicable:	2309 W Rio Vista Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33603	<u>@</u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
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I an effective date is listed, the date	the date of filing:	date of filing or more than 90 days at	otional) fler filing.) Pursuant to 605.0207
Onte: If the date incerted in this	Department of State's records.	ne statutory trinig requirements, t	ms date will not be fisted as
<b>Note:</b> If the date inserted in this document's effective date on the			
document's effective date on the e record specifies a delayed effec	ctive date, but not an effective tim	e, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
document's effective date on the e record specifies a delayed effect rd is filed.	etive date, but not an effective tim	e, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Note: If the date inserted in this document's effective date on the e record specifies a delayed effect of is filed.  Dated December, 02			(b) The 90th day after the

Filing Fee: \$25.00