M1900012003

(Requestor's Name)	_
(Address)	
(Address)	—
(City/State/Zip/Phone #)	_
, , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	_
Certified Copies Certificates of Status	
	\neg
Special Instructions to Filing Officer.	



200395229072

2022 OCT -- 5 AM 11:27

DZ OCT -6 PK E: 2

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 975930 8094434

AUTHORIZATION :

COST LIMIT : \$ 25 \00

ORDER DATE: September 27, 2022

ORDER TIME : 10:11 AM

ORDER NO. : 975930-035

CUSTOMER NO: 8094434

FOREIGN FILINGS

NAME: ATLAS ORGANICS INDIAN RIVER,

LLC

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

		n Section f Corporations			
SUBJECT	Λtlas	Organics Indian River, LLC			
		Name of Fore	ign Limited Lia	ibility Co	ompany
Dear Sir o	r Madan	n:			
The enclos	ed appli	cation, certificate and fee(s	s) are submitted	l for filin	ĥ.
Please retu	rn all co	orrespondence concerning t	his matter to th	e followi	ng:
		Name of Person		_	
		Firm/Company			
		, and the party			
		Address		_	
		City/State and Zip Coo	de	_	
E-mail a	ddress: (to be used for future annua	il report notific	ation)	
For further	informa	ition concerning this matter	r, please call:		
	Nai	me of Person	at (Area Cod) e & Dayt	ime Telephone Number
	iling Add			Street A	
		n Section			ation Section
	Asion of D. Box 6	Corporations			on of Corporations entre of Tallahassee
		e. FL 32314		2415 N	I. Monroe Street, Suite 810 assee, FL 32303
Enc	closed is	a check for the following	amount:		
□\$25 Filin		☐ \$30 Filing Fee & Certificate of Status	S55 Filing Certified		☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CDBEASS (A)A	£ \				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of	of
State: ATLAS ORGANICS INDIAN RIVER, LI	LC	
Enter new principal office address, if applicable:	560 Davis Street	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 250	S 70.
	San Francisco, CA, 94111	77 06 TAL
	560 Davis Street	AHAS 10-1
	Suite 250	23 PK
	San Francisco, CA, 94111	21
2. The Florida document number of this limited lia	ability company is: M19000012003	
3. Jurisdiction of its organization: Florida		
4. Date authorized to do business in Florida: 12/1	7/2019	
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: At	las Organics CU03, LLC	
(must	t contain "Limited Liability Company, " "L.	L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company." "L.L.C	naging members adopting the alternate name "Or "LLC.")	. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	ed officer address on our records, <u>enter the na</u> <u>ddress here:</u>	ame of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida Street Addr	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	gistered Agent: at and agree to act in this capacity. I further a and complete performance of my duties, and ared agent as provided for in Chapter 605, F in the registered office address, I hereby con	agree to comply with I am familiar with IS. Or. if this

If Changing Registered Agent. Signature of New Registered Agent

8. If the amendment c	hanges person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate	that change:	
Title/ Capacity	<u>Name</u>	Address	Type of /	– <u>\ction</u>
			□	Add
				Remo
				Add
				Remo
			□	Add
				Remo
				Add
				Remo
				Add
aforementioned an	icate, if required: no more than 90 day tendment(s), duly authenticated by the he law of which this entity is organize	e official having custody of records i		Remo
jurisaicuon under t	Brian Leleman		GNC 1A	7177 OCT -
	Brian Lehman		(A)	-6 PM

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ATLAS ORGANICS INDIAN RIVER, LLC", CHANGING ITS NAME FROM "ATLAS ORGANICS INDIAN RIVER, LLC" TO "ATLAS ORGANICS CU03, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF OCTOBER, A.D. 2022, AT 2:14 O'CLOCK P.M.



Authentication: 204548284

Date: 10-04-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:14 PM 10/03/2022
FILED 02:14 PM 10/03/2022
SR 20223679106 - File Number 7682249

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Atlas Organ The Certificate				ampany	is hereby amer
as follows:	or Pormation of	uic illinica	i naomity of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is nerecy and.
The name of					is here b
amended to	be: Atlas	organic	s coos,	LLC	
			_		
IN WITNESS V	WHEREOF, the	e undersigi	ned have ex	ecuted tl	his Certificate
IN WITNESS V		e undersign Septemb			his Certificate
		_	er		
		_	er DecuSigned by:	!	
		_	er	!	
		Septemb	er Docusigned by: Brian Uu DA4585816EZIA		
		Septemb	er Docusigned by: Brian Uu DA4585816EZIA	man thorized	, A.D. <u>2022</u>