Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M200000010844

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(((H23000316403 3)))

H230003164033ABCW

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : REGISTERED AGENTS INC.
        Account Number  : I20090000081
        Phone           : (307)200-2803
        Fax Number      : (813)436-5206


**Enter the email address for this business entity to be used for future
  annual report mailings. Enter only one email address please.**

Email Address:_____
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GLOBAL UMBRELLA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

Electronic Filing Menu   Corporate Filing Menu   Help

SEP 11 2023

K. Brumbley

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GLOBAL UMBRELLA 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 11/24/2020 _____ and assigned

Florida document number M20000010844 _____

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

U.S. Cherry LLC

The new name must be distinguishable and contain the words "Limited Liability 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 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: Northwest Registered Agent LLC

New Registered Office Address: 7901 4th St N STE 300

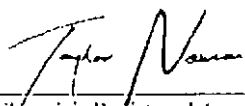*Enter Florida street address*

St. Petersburg _____, Florida 33702

     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 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 = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	UNITY VALLEY LLC	7901 4th St N STE 300	☐ Add
		St. Petersburg, FL 33702	☐ Remove
			X Change
MGR	REYES-TRUJILLO, Nicolas	2125 BISCAYNE BLVD STE 350	☐ Add
		MIAMI, FL 33137	X Remove
			☐ Change
MGRM	Sorensen, Bradley James	11098 BISCAYNE BLVD STE 100A	☐ Add
		NORTH MIAMI, FL 33161	X Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____ _____

_____

_____

_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(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 (3)(b)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 record is filed.

Dated ___September 8th_____ . ___2023_____

_____*Nat Smith*_____

Signature of a member or authorized representative of a member

Nat Smith

_____

Typed or printed name of signee

Filing Fee: $25.00