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Certified Copies	_ Certificates of	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 02 2016 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 352568 4331939

AUTHORIZATION : Squell

COST LIMIT : \$'/52.50

ORDER DATE: November 1, 2016

ORDER TIME : 12:51 PM

ORDER NO. : 352568-005

CUSTOMER NO: 4331939

DOMESTIC AMENDMENT FILING

NAME: TOPPEL PARTNERS LIMITED

PARTNERSHIP

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Toppel Partn Insert name currently o	ers Limited Part on file with Florida Depar	nership trment of State	
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer December 20, 1995, assigned	tificate was filed wit	h the Florida Department of S	tate on
adopts the following certificate of amendment	to its certificate of l	imited partnership.	
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the here:</u>	he limited partnershi	or limited liability limited par	<u>tnership</u>
Toppel Partners Limit	ed Liability Limit	ed Partnership	
New name must be disting			
Acceptable Limited Partnership suffixes: Limited Partn Acceptable Limited Liability Limited Partnership suffix	es: Limited Liability Lim	ited Partnership, L.L.L.P. or LLLP.	
B. If amending mailing address and/or principal office address here:	ncipal office addres	s, <u>enter new mailing address</u>	and/or
New Principal Office Address: (Must be STREET address)			
New Mailing Address:			RY OF SSEELF
(May be post office box)		ر م	n ⊡≱
C. If amending the registered agent and/or request registered agent and/or the new registered of		s on our records, enter the nan	ne of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida 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.	

If Changing Registered	Agent, Signature of	of New Registered Agent

D.	If amending the genera	l partner(s),	enter the name	and business	address of	<u>f each genera</u>	<u> partner</u>	beine
<u>adq</u>	l <mark>ed or remove</mark> d from our	records:						

Title	<u>Name</u>	<u>Address</u>	Type of Action
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E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

		_
Effective date, if other than the date of filing:		·
Effective date, it other than the date of filing:	is filed by the Florida Department of	of
Signature(s) of a general partner or all general partners*:		
(*NOTE: Only one current general partner is required to sign this document unless the removing a "limited liability limited partnership" election statement. Chapter 620, F.5 when adding or removing a "limited liability limited partnership" election statement.)		ign
Patricia Inpue		1
Patricia Toppel, President of Topp-Hill	<i>5</i> 7	シード
Farms, Inc., General Partner	<u> </u>	<u> </u>
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	<u></u>	
	- AM 8:	SEELELO
Signature(s) of all new or dissociating general partner(s), if any:		SSEE, FLORION
Signature(s) of all new or dissociating general partner(s), if any:	<u>ය</u>	SEE, FLUIDOA
Signature(s) of all new or dissociating general partner(s), if any:	<u>ය</u>	SEE, FLORIDA 1
Signature(s) of all new or dissociating general partner(s), if any:	<u>ය</u>	SEE, FLORIDA I
Signature(s) of all new or dissociating general partner(s), if any:	<u>ය</u>	SEE, FLORIDA IIII
Signature(s) of all new or dissociating general partner(s), if any:	<u>ය</u>	SEE, FLORIDA I I I I
Signature(s) of all new or dissociating general partner(s), if any: Filing Fee: \$52.50	<u>ය</u>	SEE FLORIOF TO THE TOTAL T