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2017 JUL 13 PM 3: 31
SEURLIARY OF STATE
ANASSEE FLORIDE

K. SALY JUL 1 4 2017

COVER LETTER

SUBJECT:	MCANALY	FAMILY CITRUS ANF LIV	ESTOCK LLC	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspoi	ndence concerning this matter to	o the following:	
		P. Christopher Wegner		
			Name of Person	
		Wegner Law PLLC		
			Firm/Company	
		3510 Kraft Road, Suite 200		
			Address	
		Naples, Florida 34105		
			City/State and Zip Code	
		cwegner@wegnerlawfirm.co		
		E-mail address: (to	o be used for future annual report notific	cation)
For further is	ntormation co	oncerning this matter, please ca	ill:	
P. Christoph	ner Wegner		239 449-9200 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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

TO:

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

ZOIT JUL 13 PM 3:31

MILLAHASSEL FLORIDA

MCANALY FAMILY CITRUS ANF LIVESTOCK 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 $\frac{6/21/2017}{}$ and assigned Florida document number $\frac{L17000134876}{}$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
McAnly Family Citrus and Livestock 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 registered agent and/or the new registered office address here:	new		
Name of New Registered Agent:	_		
New Registered Office Address:			
Enter Florida street address	Enter Florida street address		
Classida			
City Sip Code			
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			

If Changing Registered Agent, Signature of New Registered Agent

	rom our records:	anage, enter the ti	tie, name, and address of each person being add
MGR = Ma $AMBR = Au$	nnager Ithorized Member		2017 JUL 13 PM 3: 3Type of Action
<u>Title</u>	Name	Address	SECINE TARY OF 3: 3Type of Action
#EE			FALLAHASSEE, FLORIDA DANG
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Effective date, if other than the date of filing: 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 Note: If the date instructed 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 Pepartment of State's records. The 90th day after the record is filed. Dated		20.	
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Signature of a member or authorized representative of a member	King to be as a		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00