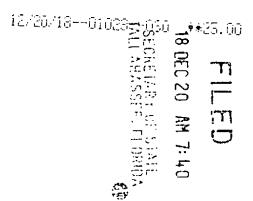
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
SUBJECT: <u>IRF</u>	IRRIGATION L Name of Lim	L C ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Kaleel A.	Coller Name of Person	
	IRF IRRIGA	110N LLC Firm/Company	
	1704 W. Roya	1 TERN LN. Address	
	F1. Pierce	Address  FL. 34982  City/State and Zip Code  Pangil. Com  to be used for future annual report no	
	KCollendust Femail address:	2 Angil. Com	títication)
For further informatic	on concerning this matter, please ca		
Kaleel	Coker ne of Person	at ( <u><b>954</b></u> ) <u><b>410</b> – Area Code</u> ) Daytii	6605 ne Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filling 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 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

IRF knighten La	ny ay it now appears on our records.)
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." 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 of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		2331 N. State PUT #203 Laudanhill Fl. 33313	Remove
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Page 3 of 3

Filing Fee: \$25.00