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COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Cor			
0.145.5534		a Farms, LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
The ene	losed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter t	o the following:	
		James A. McKee		
			Name of Person	
		Foley & Lardner LLP		
			Firm/Company	
		106 East College Ave., Suit	e 900	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		jmckee@folcy.com	o be used for future annual report nout	fication)
For furt	ther information	concerning this matter, please ca		
Jim Mo	:Kee		850 513-3378	
	Name	of Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address: Registration Sec	
		Corporations	Division of Cor The Centre of T	*

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mount Dora Farms, LLC		
(Name of the Limite	d Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Li		2004 and assigned
Florida document number 1.04000094146	·	
his amendment is submitted to amend the follo	owing:	
a. If amending name, enter the new name of	the limited liability company here:	
reen Dragon Florida LLC		
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
		0 2
		AC 21
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		3 5
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		2
3. If amending the registered agent and/or r	ogistored office address on our reco	and the same of th
gent and/or the new registered office addres	s here:	<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Street (Jamess).	Enter Florida :	street address
		. Florida

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 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	
AREDD -	ام میشد بر علقید ف	1

7				•
Å	١	М	BR	 Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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			□Remove
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fective date, if other than the effective date is listed, the date in	i e date of filin ; ust be specific and	g: Leannot be prior	to date of filing or	(0) more than 90 days a	itional) fter filing.) Pi	arsuant to 605.	.0207
ote: If the date inserted in this locument's effective date on the	olock does not n	neet the applica	ible statutory fili	ng requirements,	this date wi	il not be liste	ed as
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record specifies a delayed effect	ive date, but not	an effective til	ne, at 12:01 a.m	on the earlier of:	(b) The 9	0th day after	the
is filed.							
Angust 30		2021					
ated August 30	·		<u> </u>				

Typed or printed name of signee