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COVER LETTER

то:	Registration Sec Division of Corp			
elm III	STEIN FAR	MS, LLC		
SUBJE	.c.:	Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		DONIA A. ROBERTS, ES	QUIRE	
			Name of Person	
		DONIA A. ROBERTS, P.7	١.	
			Firm/Company	·
		257 SE DR. MARTIN LU	THER KING, JR. BLVD.	
			Address	
		BELLE GLADE, FLORID	A 33430	
			City/State and Zip Code	
		E-mail address: (i	to be used for future annual report notif	ication)
For fur	ther information co	incerning this matter, please ca	all:	
DÓNIA	A A. ROBERTS, E	SQ.	561 993-0990 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$2 <i>5</i>	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing 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

STEIN FARMS, LLC

(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>s.</u> 1	
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{L06000101635}{L}$.	ny were filed on 10/18/2006	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lin	ability 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 registered agent and/or the new registered office address had been been been been been been been bee			
	. Flo	. Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	rte performance of my duties, and sprovided for in Chapter 605, a	nd I am familiar with and F.S. Or, if this document is	
If C	hanging Registered Agent, Signature o	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>	<u>Address</u>	Type of Action
MGR	JULIE STEIN PAYNE	1800 NW AVE D	
		BELLE GLADE, FL 33430	
			☐ Remove
			Change
MGR	TIMOTHY MARK STEIN	1800 NW AVE D	
			B Add
		BELLE GLADE, FL 33430	
			Remove
			Change
			-
			Remove
			Cl. Channe
			Change
			D Add
			□ Remove
			Change
		□ Remove	
			☐ Change
			□ 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:
(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 (Anote: 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 March 27 . 2019.
Signature of a member or authorized representative of a member
LOIS STEIN

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Typed or printed name of signee

Filing Fee: \$25.00