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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

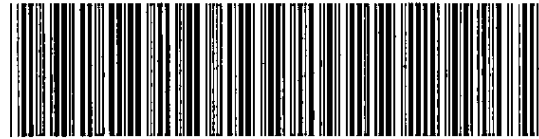
(Business Entity Name)

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2015 OCT 20 PM 12:01

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OCT 20 2015

JAMES R. MONROE LAW FIRM
ATTORNEYS AT LAW

Attorneys

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PO Box 41355
Des Moines, IA 50311

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PO Box 41355
Des Moines, IA 50311

PO Box 7158
Ft. Myers, FL 33919
Phone: (239) 822-8833

Please reply to Des Moines office ■

Please reply to Ft. Myers office □

September 16, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
VIA PRIORITY MAIL

Re: Rowe Farms, LLC

Dear Sir or Madam:

Enclosed please find the *Articles of Amendment to Articles of Organization* to be filed in your office, along with our check in the sum of \$25.00 representing the filing fee. Please return the file-stamped copies to our office in the self-addressed stamped envelope enclosed for your convenience. Thank you.

Very truly yours,



James R. Monroe

JRM/ah
Enc.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rowe Farms LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James R. Monroe

Name of Person

James R. Monroe Law Firm

Firm/Company

P.O. Box 41355

Address

Des Moines, IA 50311

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Howard, Certified Paralegal

515 274-1899
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2016 SEP 20 PM 12:01

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter Florida street address

Florida

Cin.

Zip Code:

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

[illegible]

[illegible]

(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)(b)

(b) The 90th day after the record is filed.

09/03/2019
1-
Signature of a member or authorized representative of a member

Typed or printed name of signee