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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

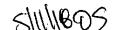


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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Triple W Produce, 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: |
| Kara W. Sanders |
| Triple W Produce, LLC Firm/Company |
| P.O. Box 1355 Address |
| Avon Park, FL 33876 City/State and Zip Code |
| E-mail address: (to be used for future almual report notification) |
| For further information concerning this matter, please call: |
| Kara W. Sanders at (263) 257-5272 Area Code Daytime Telephone Number 13 |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$30.00 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

| (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 $0.3/10/2008$ Florida document number 1.0800025359 . | and assign | ned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability company here: Triple W Farms, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb | previation "L.L. | |
| 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 of registered agent and/or the new registered office address here: | the name of | the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: Enter Florida street address | 0 | 177 |
| , Florida City | Zip Codé | 10.35 |

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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| Effective date, if other than the date of filing: | an the date of filing: | | | |
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| Effective date, if other than the date of filing: | an the date of filing: 05/11/2018 (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. Alayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed. Alayed W. Sandays | | | |
| Effective date, if other than the date of filing: | an the date of filing: 05/11/2018 (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. Played effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed. | | | |
| 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 60. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early and the poth day after the record is filed. | ate must be specific and cannot be pribt to date of filing or more than 90 days after filing.) Pursuant to 605.0207 this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. Elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed. | | | |
| M 11th 2010 | Mara W. Sanders | fan effective date is listed, the date must be specific and cannot be prifer to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:0 | fter filing.) Pursua this date will not | t be listed as |
| Dated May 4th, 2018. | Signature of a member or authorized representative of a member | The 90th day after the record is filed. | | |
| | Signature of a member or authorized representative of a member | Dated May 44, 2018. | | |
| ANNA W. SUNCUXS | Signature of a member or authorized representative of a member | | | |

Page 3 of 3

Filing Fee: \$25.00