| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Sect Division of Corpo | | | | | | |
|--|---|---|---|--|--|--|
| Keuka Fari | ns LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspond | lence concerning this matter | to the following: | | | | |
| | Cornelia Danese | | | | | |
| | | Name of Person | | | | |
| | Keuka Farms LLC | | | | | |
| | Firm/Company | | | | | |
| | 171 Comfort Road | | | | | |
| | | Address | | | | |
| | Palatka, FL 32177 | | | | | |
| City/State and Zip Code | | | | | | |
| | b.ryan@keukaenergy.com | | | | | |
| | E-mail address: (| to be used for future annual report notific | cation) | | | |
| For further information con | cerning this matter, please ca | ali: | | | | |
| Brenda Ryan | | 386 328-2470 | | | | |
| Name of P | erson | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Keuka Farms LLC | | | |
|---|---|--|------------------------------------|
| (Name of the Limite | d Liability Compar A Florida Limited I | ny as it now appears on our re Liability Company) | ecords.) |
| The Articles of Organization for this Limited Lia Florida document number | ability Company | were filed on March 28, | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liabi | ility company here: | |
| Keuka Properties LLC | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabil | ity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | (ADDRESS) | N/A | |
| | | | N |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> |
| | | N/A | |
| | | | 65 N 100 |
| | | | me -0 [3] |
| B. If amending the registered agent and/o | | | cords, enter the name of the new |
| registered agent and/or the new registered of | ice address here | 2: | S |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida street a | ddress |
| | | | _, 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 | l address of each person | being added |
|---|--------------------------|-------------|
| or removed from our records: | | |

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove 9 Change Change

Add

Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. | 7 (3)(b |
| 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. | f: |
| Dated Jan 19, 2016. Counter Warms Signature of a member or authorized representative of a member | |
| Signature of a member or authorized representative of a member | |
| Cornelia Danese Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00