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COVER LETTER

TO:	Registration Division of C	Section Corporations		4
CHID HEA	Keuka P CT:	roperties LLC		`
SUDJE	C1:		nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The encl	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		Cornelia Danese		
			Name of Person	,
		Keuka Properties LLC		
			Firm/Company	
		171 Comfort Road		
			Address	
		Palatka, FL 32177		
			City/State and Zip Code	
		bryan@keukaenergy.com	to be used for future annual report notif	
For furth	er information	n concerning this matter, please c		canony
Brenda	Ryan		386 328-2470	
	Name	e of Person		Telephone Number
Enclosed	l is a check for	the following amount:		
\$25. 0	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

Keuka Properties LLC		
(Name of the Limited Liability Co (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Losenseau Comparing the Losensea	any were filed on March 28, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Keuka Farms LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		ZZ g T
Principal office address MUST BE A STREET ADDRESS	N/A	ジェス
		Me m
Enter new mailing address, if applicable:		D 1:5
Mailing address MAY BE A POST OFFICE BOX)	N/A	5
3. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent: N/A		enter the name of the
New Registered Office Address: N/A		
	Enter Florida street address	
	, Flori	da
·	City	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

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□ Remove
			☐ Change
			Add
			☐ Remove
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	date, if other than the date is listed, the date is	he date of filing	g:		(optional))
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tive ffect	ive date is listed, the date n the date inserted in this		state's records.			
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If nent	the date inserted in this a control of the control	ed effective d		effective time,	at 12:01 a.m.	on the earlie
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