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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE DEC 21 2010

EXAMINER

COVER LETTER

TO: Registration, Section Division of Corporations	•
SUBJECT: FARM HELP LL A	ompany ompany
The enclosed Articles of Amendment and fee(s) are submitted for filin Please return all correspondence concerning this matter to the followir.	
Jeffery J. Faring Holo I	^
15475 93 Addre	LC. npany rd Street North ss Seach FL 33412
West Palm (City/State and Summers) E-mail address: (to be used for fut	@MSN.COM
For further information concerning this matter, please call:	
Name of Person at (5	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status} \text{Certificate of Status} \text{Certificate of Status}	iling Fee & \$60.00 Filing Fee,
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

Farm Help, L	LC.			
(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 Florida document number <u>L0800037</u> +1		DID and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	15475 93rd Stree West Palm Beach	t North		
Principal office address MUST BE A STREET ADDRESS)	West Palm Beach	FC 3341Z		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	15475 9 3rd S West Palm Beach	17 201 101 10 10 10 10 10 10 10 10 10 10 10		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, <u>ent</u> o <u>e</u> :	Common Co		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	oddress		
	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Address Type of Action Name Thomas J. Summersill MGR Melissa J. Summersill 15475 93rd Street North MBR Remove ☐ Add Remove ☐ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated anature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00