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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CFOSTOS 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:
W. Wayne Griffith Name of Person
G Farms LLC Finn/Company
18200 Elades FarmRead
City/State and Zip Code GFOCTY STIC COOL COOL Equilial diverse: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayne of Person at (331) Slob - 3151 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate 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 C	ompany as it now appears on our records.	}		
(A Fkoida Lin	nited Liability Company)			
The Articles of Organization for this Limited Liability Completion of Control	pany were filed on 4- Ko.O		_ and a	issigned
Florida document number LEGICO 36 1913				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbre	viation '	L.L.C."
Enter new principal offices address, if applicable:			2017	₩ ^ ~
(Principal office address MUST BE A STREET ADDRES.	(S)	2:1	\U.G	i
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Enter new mailing address, if applicable:			_# _09	* ******
(Mailing address MAY BE A POST OFFICE BOX)		<u> 경기</u>	 G	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, shere:	enter th	e_nam	e of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flor	ida		
	City		Zip Cod	l'

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>	Name	Address	Type of Action
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Filing Fee: \$25.00