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## **COVER LETTER**

Arapaho A	gricultural Services LLC		
OBJEC 1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
,	`	•	
	Peter Spyke		
		Name of Person	
	Arapaho Agricultural Serv	ices LLC	
		Firm/Company	<del></del>
	P.O. Box 2019		
		Address	
	Fort Pierce, FL 34954		
		City/State and Zip Code	
	E-mail address. (	to be used for future annual report notifica	tion)
or further information of	concerning this matter, please co		
Peter Spyke		772 464-3391 at ()	
Name c	of Person	Area Code Daytime To	elephone Number
inclosed is a check for t	he following amount:		
S25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy (seuclosed)	S60.00 Filing Fee.  Certificate of Status & Certified Copy 55 tadditional copy is enclosed?

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Arapaho Agricultural Services LLC

(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 Comp Florida document number	pany were filed on	0106/26/60	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	lesignation "LEC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our r	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
****		, Florida	
New Registered Agent's Signature, if changing Registered Agent's Signature and Changing Registered Agent's Signature Agent's Signature and Changing Registered Agent's Signature Agent's S			Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of t as provided for in C	my duties, and I am far Thapter 605, F.S. Or, if	niliar with and this document is

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>	<u>Address</u>	Type of Action
AMBR	Peter Spyke	P.O. Box 2019, Ft. Pierce, F1, 34954	□Add
			□Remove
			<b> </b> Change
			□Add
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Effective date, if other than the date of filing:  (optional)  (if an effective date, is listed, the date must be specific and samon be prior to date of filing or more than 90 days after filing.) Pursuant to off 9,0207.  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.  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 ord is filed.  Dated  April 30  2020  April 30  2020  Adv. Adv. Adv. Adv. Adv. Adv. Adv. Adv.				
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Liter Spelie	Dated April 30	2020	<u> </u>	
Signature of a member of authorized representative of a member	$\overline{JJ}$	Val		
y genative of a member of authorized representative of a member	_/Mn	Allefre		ub v
	,	signature of a member or auth	orized representative of a mei	nner

Filing Fee: \$25.00

Typed or printed name of signee