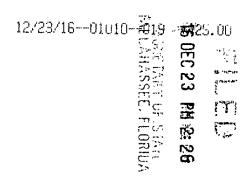
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| FO: Registration Section Division of Corporations |
|--|
| SUBJECT: Crossfield Land Company, 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: |
| Ruth M Haubert Name of Person |
| Crossfield Land Company LLC Firm/Company |
| 3471 N. Emerson ST |
| City/State and Zip Code Ruth. haubent a gmail. com E-mail address: (to be used for future armual report notification) |
| For further information concerning this matter, please call: |
| Ruth M Haubert at (703) 919 -1364 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \Bigcup \Bigc |

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

| Crossfield Land | d Company LL | .C |
|---|--|--|
| (Name of the Limited Liability C (A Florida Lir | ompany as it now appears on our record nited Liability Company) | s.) |
| The Articles of Organization for this Limited Liability Com Florida document number <u>L 100003633</u> | pany were filed on April 3 | 5, 2010 and assigned |
| 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 abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | $\sim \sim \sim \sim A$ | |
| Enter new mailing address, if applicable: | | 16 D |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A | 20 €C SS |
| B. If amending the registered agent and/or registere | ed office address on our records | s enter the prime of the nev |
| registered agent and/or the new registered office address | | No. |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | n . n . 1 | |
| | Enter Florida street addres | |
| | City, Flo | oridaZip 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 address of each person being added or removed from our records:

MGR = Manager

| AMBR = Au | thorized Member | | |
|-----------|---------------------|--|----------------|
| Title | Name | Address | Type of Action |
| MGRM | Scheifley, Robert G | 197 Belmont Rd | |
| | | 197 Belmont Rd King of Prussia, PA 19406 | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
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| ffective date, if oth | au than tha data a | f filings | | | (onti | ional) | | |
| an effective date is listed lote: If the date inser | d, the date must be spec | cific and cannot b | e prior to date | of filing or more | than 90 days afte | r filing.) Pursu | ant to 605 | 5.0207 (ed as t |
| ocument's effective d | | | | | , | | | |
| e record specifies | a delaved effec | tive date, b | ut not an | effective tim | e, at 12:01 | a.m. on th | e earli | er of: |
| The 90th day aft | | | | | • | | | |
| | 2/19/ | 2016 | | | | | | |
| ated / | | , | · · · · · · · · · · · · · · · · · · · | | | | | |
| Pated | 2 .44 .40 | // | 1 + | | | | | |

Page 3 of 3

Filing Fee: \$25.00