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| TO: | Registration Sect Division of Corpo | | • | , | |
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| SUBJE | CCT: | Taylor Farms | | | |
| | | Name of Limi | ted Liability Company | | |
| ٠ | | | | | |
| The en | closed Articles of A | mendment and fee(s) are sub | omitted for filing. | | |
| Please | return all correspond | dence concerning this matter | to the following: | | |
| | | | Bruce Houle | ···· | |
| | | | Name of Person | | |
| | | Taylor | Taylor Farms Development LLC Firm/Company | | |
| | | | | | |
| | | | 4686 Windstarr Dr. | | |
| | | Address | | | |
| | | | Destin, FL 32541 | | |
| | | | City/State and Zip Code | | |
| | | bruceahoule@gmail.com E-mail address: (to be used for future annual report notification) | | | |
| For fur | ther information cor | ncerning this matter, please o | | | |
| | Bru | ice Houle | at (_404_) | 405-2547 | |
| Name of Person | | Area Code & Daytime Telephone Number | | | |
| Enclose | ed is a check for the | following amount: | | | |
| □\$ 25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy L (additional copy is end | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAILING ADDRESS: Registration Section | | STREET/CO Registration : | DURIER ADDRESS: Section | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 FEB 28 PH 12: 07 Taylor Farms Development LLC (Name of the Limited Liability Company as it now appears on our feeords), ASSEE, FLORIDA.

(A Florida Limited Liability Company) 2/22/11 The Articles of Organization for this Limited Liability Company were filed on and assigned L11000023073 Florida document number 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 end with 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Type of Action **Title** <u>Name</u> Address MGR Chris M. Cioffa 6881 Sable Ridge Lane [₹] Add Remove Naples, Fl 34109 MGR Ralph R. Cioffa **✓** Add 1085 Nelsons Wal Remove Naples Fl 34102 □Add Remove ☐ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article V Membership Restrictions is hereby amended with the following: The Managing Member shall have the right to admit new members in the LLC. The managing member shall have the right to sell equity in this LLC with written consent of mortgagees holding lien against real property owned by the LLC. February 24 20111 Dated Signature of a member or authorized representative of a member **Bruce Houle** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00