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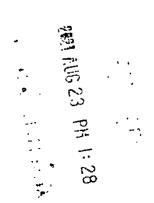
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Norm D. Fugate

Board Certified Attorney

Real Estate Law

City, County and Local Government Law



Woodroe Blake Fugate Associate Attorney

Norm D. Fugate, P.A.

A Law Firm

DATE: August 18, 2021

TO: Registration Section

Division of Corporations

SUBJECT: Hudson Agricultural Products, LLC

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORM D FUGATE PA Attn: Joanna Colvin Post Office Box 98 WILLISTON, FL 32696

For further information concerning this matter, please call:

Norm Fugate or Joanna Colvin at (352) 528-0019

Enclosed is check number 13997, made payable to Florida Secretary of State, for the following amount: \$25.00 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

Hudson Agricultural Products, LLC

(Name of the Limited Liability Co (A Florida Limi	ited Liability Company)	<u>scorus.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number L11000098833	any were filed on August 29, 2	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 I	.iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ACC
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		. 23
		PH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, e	nter the name of the new registere
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag-	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept 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.	lete performance of my dutie as provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if 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
MGR	James R. Hudson, Jr.		□Add
			□Remove
			= Change
			□Remove
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			Change

and the	ole Manage	r shall be Jan	nes R. Hu	dson, Jr							
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fective date	, if other tl	han the date	e of filing	g:				(ор	tional)		
in effective da	te is listed, the	date must be s	specific and	i cannot be	prior to da		or more tha	n 90 days af	ter filing.)	Pursuant to 605	
		in this block on the Depart				statutory i	iling requ	irements, t	nis date v	vill not be liste	ed a
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Filing Fee: \$25.00