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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	1	
SUBJECT: Postag	Stamp Farm Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
	Chnsh Janse Name of Person	sen, Esq.
	hnsh Brady Jar Firm/Company	nssen P.A.
	LOS- OIN AW	°., 5k 504
<u>u</u>	est Palm Beach City/State and Zip Code	, FC 3340₹ SE T
	E-mail address (b) be used for future annual	bell south. PART TE PER TO THE PE
For further information concerning this n	natter, please call:	
Name of Person	255en at (<u>561</u>) Area Code	Daytime Telephone Number
Enclosed is a check for the following ame	ount:	
\$25.00 Filing Fee \$30.00 Fil		Certificate of Status &

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 Khbility Compa (A Florida Limited	amp Farm LC inv as it flow appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LI2000128503</u>	were filed on 10/9/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	5051 138th Terrace 5. Wellington, FL 33449
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5051 138th Terrace S. Wellington, FL 33449
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	SSEE T
Name of New Registered Agent:	FLORIA NO.
New Registered Office Address:	Enter Florida street address
	, Florida City Zip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = MR $AMBR = AR$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			Add
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	e date, if other than the date of filing:	(optional)	Durmont to 605 01
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cumo	t's effective date on the Department of State's records.		
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	rd specifies a delayed effective date, but not an effective time, a Oth day after the record is filed.	at 12.01 a.m. o	ii tile earliei
ted_	July 1 , 2015.		
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	Signature of a member or authorized representative of a me	ember	
	Signature of a monitor of a mon		

Page 3 of 3

Filing Fee: \$25.00