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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT

Sauder Family Farms, 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:

Elizabeth R. Mannion

Name of Person

Strohauer, Mannion & Son, P.A.

Firm/Company

1150 Cleveland Street, Suite 300

Address

Clearwater, FL 33755

City/State and Zip Code

elizabeth@smslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth R. Mannion

Name of Person

727, 461-6100

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

SAUDER FAMILY FARMS, 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 Lia	bility Company were	e filed on DECEMBE	and assigned	
Florida document number <u>L12000152967</u>	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited I	Liability Company," the c	designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:	····		
(Principal office address MUST BE A STREET	ADDRESS)		7	
			2011	
			AHR SHE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SS STA	
			लां क्रिकेट कि	
	_			
B. If amending the registered agent and/o registered agent and/or the new registered off		address on our reco	rds, enter the name of the new	
Name of New Registered Agent:	Elizabeth R. Ma	annion		
New Registered Office Address:	1150 Cleveland Street, Suite 300			
	, "	Enter Florid	la street address	
	Clearwater	,	Florida 33755	
	Ci	ity ,	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.

Elizabeth L. Massis
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Lisa Sauder	184 Brigton Court	Add	
		Safety Harbor, FL 346	95 Remove	
			· ——	
			Add	
			Remove	
			—	
			Add	
			2014	
			AHKG SHK	
			PRemove	
			F1	
			Add	
			Remove	
			Add	
			Remove	

D. If amendi	ng any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
· · · .		
		
····		
E. Effective of	late, if other than the date of filing: date is listed, the date must be specific and cannot be more than	(optional)
	annay 32, 2014.	70 days and mmg.) (005.0207 (5)(0)
	Kenneth F. Jauden Signature of a member or authorized representat	ive of a member
	KENNETH D. SAUDER, Ma Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00

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