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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FARM DIRECT SUPPLY, LLC

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JUL 13 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	12 /	)].: <sub>[]</sub>

FARM DIRECT SUPPLY, LLC		•
(Name of the Lin	(A Florida Limited Liability Corr	appears on our records.)
The Articles of Organization for this Limited Florida document number L13000059492	Liability Company were filed	on 04/23/2013 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compo	any 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 appli	cable:	
(Principal office address MUST RE A STRE	ET ADDRESS)	
Faton and and the Administration of the No. 14		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office addro office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	Corporate Creations Netwo	rk Inc.
New Registered Office Address:	11380 Prosperity Farms Ro	ad #221E
· · · · · · · · · · · · · · · · · · ·	Ent	er Florida street address
	Palm Beach Gardens	ю 33410

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.

City

Courtney Nanke, Special Secretary

Zip Code

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>	Name	Address	Type of Action
MGR	Timothy Ryan	3600 Red Road Suite 302N	
		Miramar FL 33025	■ Remove
			□ Change
AMBR	Andrew Schwartz	3600 Red Road Suite 302N	■ Add
		Miramar Pl. 33025	
			Change
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If amending any other information		<del></del>	3/1/20 <	- <del>- P!</del> / /:
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Effective date, if other than the da	e specific and cannot be prior k does not meet the applic	to date of filing or more than 9 table statutory filing require.	(optional) 0 days after filing.) Pursuant ments, this date will not b	to 605 0207 ( e listed as t
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