Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L13000177139

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000068667 3)))

H23000068667 3ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: maddie@csfamilyfarms.com

2023 FEB 24 PM 2:59

ACCEPTED AND FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ISLAND COAST FARMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

FEB 27 2023

Fax Audit # H23000068667 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Island Coast 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 Liability Company were filed on 12/26/2013 and assigned Florida document number L13000177139.

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 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)

6309 Corporate Ct
Unit 201
Fort Myers, Florida 33919

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6309 Corporate Ct
Unit 201
Fort Myers, Florida 33919

FILED
2023 FEB 24 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Stephen Sexton

New Registered Office Address: 6309 Corporate Ct, Unit 201
Enter Florida street address

Fort Myers, Florida 33919
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

Fax Audit # H23000068667 3

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

Title	Name	Address	Type of Action
AMBR	Stephen Sexton	6309 Corporate Ct, Unit 201	☐Add
		Fort Myers, Florida 33919	☐Remove
			☒Change
AMBR	Madeline Sexton	6309 Corporate Ct, Unit 201	☒Add
		Fort Myers, Florida 33919	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

Fax Audit # H23000068667 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 22nd 2023

Signature of a member or authorized representative of a member

Stephen Sexton, Member

Typed or printed name of signee