14000182058

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D. SCOTT MAY 2 2 2017

COVER LETTER

TO: Registration Division of C					
	OSE FARMS, L.L.C.				
SUBJECT:	Name of L	imited Liability Company			
The enclosed Articles of	of Amendment and fec(s) are s	abmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
	ALMA PARRA				
	,	Name of Person			
	COOGAN & MARTIN,	P.C.			
		Finn/Company			
	825 N. GRAND AVE., S	UITE 200			
		Address			
	NOGALES, ARIZONA	35621			
		City/State and Zip Code			
	ALMA@NOGALESLAW				
		(to be used for future annual report notifi	cation)		
For further information (concerning this matter, please of	call:			
DANIEL J. COOGAN		520 287-2110			
Name o	of Person	at () Area Code Daytime	Telephone Number	SECR.	
Enclosed is a check for t	he following amount:			ALLASS ALLASS	FILED
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENNROSE FARMS, L.L.C.		
(Name of the Limited Liability ((A Florida Li	Company as it now annears on our records.) mited Liability Company)	<u> </u>
(71 10104 21	inited Entering Company)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 11/24/2014	and assigned
Florida document number L14000182058		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company "the designation "LLC" or the	phbreviation "L.L.C."
The new manie must be distinguishable and contain the words. Enfined	Emulity Conquety, are designation as of the	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		the name of the new
registered agent and/or the new registered office address	here:	至8 写
		超量力
Name of New Registered Agent:		
New Registered Office Address:		SST TO IT
	Enter Floridu street address	F 9 0
	, Florida	REST T
	City	Zip Code w
New Registered Agent's Signature, if changing Registered Age	ent:	37 5
I hereby accept the appointment as registered agent and	nove to not in this conneity. I further an	cae to comply with the

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, 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	ANDREW SCHWARTZ	225 NE Mizner Blvd, Ste. 240	Add
		Boca Raton, FL 33432	■ Remove
			□ Change
MGR	Charles A. Ciruli III	P.O. Box 1476	B Add
		Tubac, AZ 85646	☐ Remove
			☐ Change
AMBR	Christopher Ciruli	P.O. Box 1476	
		Tubac, AZ 85646	
			Change
AMBR	Jal Agro, L.L.C.	225 NE Mizner Blvd Ste. 240	■ Add
		Boca Raton, FL 33432	☐ Remove
			☐ Change
AMBR	Charles A. Ciruli III	P.O 1476	≅ Add
		Tubac, AZ 85646	Remove
			Change.
~~~~			IN 19 PH
			E GRaniove D
			FILE D. Change 1: 34

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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Note: 11 document f the reco	e date, if other than the date of filing:	ica as me
Dated		
	Signature of a member or authorized representative of a member	
	Charles A. Ciruli, III	MAY 19 PH
	Typed or printed name of signee	PH 1: 34
		 ω
	Page 3 of 3	<u> </u>

Filing Fee: \$25.00