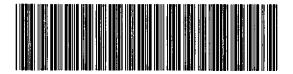
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SECRETARY OF STATE
TALLAHASSEE, FLORID

S. YOUNG

TO:

TO:	Registration Se Division of Cor					
CITO II	a.com.	HARVESTE	RS OF AMERICA LLC			
SUBJE	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		N	MARIOANGEL BARAJAS			
			Name of Person			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		474 9	SW SEAFLOWER TERRACE		最级 5	
Address PORT ST LUCIE, FL 34984				TO B	FILED	
				DEC 21		
			City/State and Zip Code		21 PM 4: MRY OF STA (SSEE, FLOW	
			ARAJAS350@GMAIL.COM			
For fur	ther information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	ication)	: 23	
MARI	OANGEL BARAJ	JAS	772 216-8722			
	Name o	f Person		Telephone Number		
Enclos	ed is a check for th	ne following amount:				
= \$ 2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:		

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARVESTERS OF A	MERICA LLC		
(Name of the Limite	d Liability Compa A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document numberL1500003825	bility Company	were filed on MARCH 2, 2015	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	474 SW SEAFLOWER TERRACE	
(Principal office address MUST BE A STREET	ADDRESS)	PORT ST LUCIE, FL 34984	
Enter new mailing address, if applicable:		474 SW SEAFLOWER TERRACE	SEC TALL
(Mailing address MAY BE A POST OFFICE B	OX)	PORT ST LUCIE, FL 34984	岩田田田
B. If amending the registered agent and/o registered agent and/or the new registered off			er the name of the new
Name of New Registered Agent: MARIOANGEL BARAJAS			
New Registered Office Address:	474 SW :	SEAFLOWER TERRACE	
		Enter Florida street address	
	PORT ST LUC	TE, Florida	34984
		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.

MARIO BAZZAS

If Clianging 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
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			☐ Change
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ctive date, if other than the d	ate of filing:		(optional)
effective date is listed, the date must l	e specific and cannot be prio		than 90 days after filing.) Pursuant to 6 equirements, this date will not be li
iment's effective date on the Dep	artment of State's records	š.	,
ecord specifies a delayed	effective date, but no	ot an effective tim	ne, at 12:01 a.m. on the ear
e 90th day after the reco	a is nied.		
dd	, 2015	<u> </u>	
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Page 3 of 3

Typed or printed name of signee

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