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Special Instructions to	Filing Officer:	
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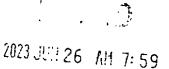


of 81912023

COVER LETTER

. TO: · Registration Sect Division of Corpo			
	OS FARMS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ANDREA BORELL		
		Name of Person	
	BORELL LAW		
		Firm/Company	
	319 CLEMATIS STREET	, SUITE 200	
		Address	
	WEST PALM BEACH FL	. 33401	
		City/State and Zip Code	
	ANDREA@BORELL.COM E-mail address: (f to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	all:	
ANDREA BORELL		305 514-0500	
Name of P	erson	at () Area Code Daytim	e 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 Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CASTELLANOS FARMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ALL ENDER

The Articles of Organization for this Limited Liability Company were filed on 03/18/15	and assigned
Florida document number 115000049042	

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

	City	, Florida	Zip Code
New Registered Office Address:	Enter Florida street ad		
Name Boundary of Office Addresses			
Name of New Registered Agent:			

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

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>Titl</u> e	Name	Address	Type of Action
MGR	ANA MARIETTA CASTELLANOS	2104 SW 93 COURT	⊟Add
		MIAMI, CL 33165	□Remove
		2104 SW 93 COURT	□Change
MGR	EFREN CASTELLANOS	MIAMI, FL 33165	∃Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

E. Effective date, if other than the date of filing: 1007 31, 2023 (optional)

(If an effective date is tisted, 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 MAY ____ 3/

Signature of a member or authorized representative of a member

Pedro Castellanos
Typed or printed name of signee

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Filing Fee: \$25.00