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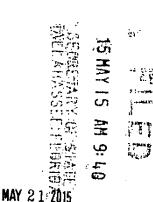
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J SHIVERS

### **COVER LETTER**

|   | istration Sec<br>ision of Corp |  |   |  |  |  |
|---|--------------------------------|--|---|--|--|--|
| SUBJECT.                                  | Pine Straw F                   | Farms AMFILY LLC                             |   |  |  |  |
| SUBJECT:Name of Limited Liability Company |                                |  |   |  |  |  |
| The enclosed                              | Articles of A                  | Amendment and fee(s) are sub-                | mitted for filing.  |  |  |  |
| Please return                             | all correspon                  | ndence concerning this matter                | to the following:   |  |  |  |
|   |                                | Russell R. Winer, Esq.                       |   |  |  |  |
|   |                                |  | Name of Person  |  |  |  |
|   |                                | Law Office                                   |   |  |  |  |
|   |                                |  | Firm/Company  | <del></del>  |  |  |
|   |                                | 520 4th St N Ste 102                         |   |  |  |  |
|   |                                |  | Address   |  |  |  |
|   |                                | St Petersburg FL 33701                       |   |  |  |  |
|   |                                |  | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |  |  |
|   |                                | rw@inherit-Florida.com                       |   |  |  |  |
|   |                                | E-mail address: (1                           | to be used for future annual report notif                           | ication)   |  |  |
| For further in                            | iformation co                  | ncerning this matter, please ca              | all:  |  |  |  |
| Russell R. W                              | /iner                          |  | 727 821-4000<br>at ()   |  |  |  |
|   | Name of                        | Person                                       | Area Code Daytime   | Telephone Number   |  |  |
| Enclosed is a                             | check for the                  | e following amount:                          |   | •  |  |  |
| \$25.00 F                                 | iling 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pine Straw Farms AMFILY 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 April 8, 2015 and assigned Florida document number L15000061949 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Suwannee Pine Straw Farms AMFILY LLC 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, entersthe name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

#### 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>Title</u>                           | <u>Name</u>  | Address | Type of Action |  |
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| Effective date, if other than t<br>(If an effective date is listed, the date in<br>Note: If the date inserted in this<br>document's effective date on the | block does not meet the application           | op (op or to date of filing or more than 90 days at cable statutory filing requirements, ts. | otional) for filing.) Pursuant to 605.0207 (3 for filing by the file of the fi |
| the record specifies a delay<br>) The 90th day after the r  | red effective date, but no<br>ecord is filed. | ot an effective time, at 12:01   |  |
| Dated May 12  | , 2015  | · ·  | MAY 15   |
|   |   | //   |  |
|   | Signature of a member or auth                 | horized representative of a member   | 9 6  |
| Claudia B. Giemsch  |   |  |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00