Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6383

Fax Number

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 ; (800)432-3622

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

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGRONOMY HOLDINGS, LLC

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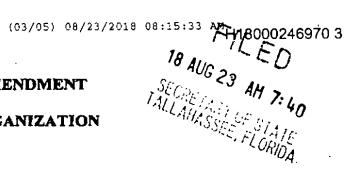
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



AGRONOMY HOLDINGS, LLC		
Name of the Limited Liability Com (A Florida Limite	noany as it now superary on our recerds.) of Liebility Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on hily 13, 2015	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited it	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability 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:	y a a manana kananahiri da kacamatan da kanana kana	
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the ner
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zio 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

If smending 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/ President	R. Michael Smullen	1451 Global Court	[3 Add
		Sarasotn, FL 34240	■ Remove
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90th day after the	he record is filed.			,	—·-'.
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	Signature of a	member or subparize	d representative of a	member	ELORID

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