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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ALL AMERICAN FA	RMING LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		YOEL MARTINEZ	
		Name of Person	
	ALL	AMERICAN FARMING LLC	
		Firm/Company	
	145	US HIGHWAY 27 N	
		Address	
	SOU	TH BAY, FL 33493	
		City/State and Zip Code	
	SYD	ENAY@GMAIL.COM	
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
SYDEN	AY MARTINEZ	305 519-8344	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	tion
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION... OF

SYDEN	NAY MARTINEZ FEB	15 AH 7:43	
(<u>Name of the Limited Liabili</u> (A Florida			
The Articles of Organization for this Limited Liability C Florida document number L5000165759	Company were filed on	02/08/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
ALLAMERICANTRU	CKING JLLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI			
		- · · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
-			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our	records, enter the n	ame of the new register
Name of New Registered Agent:	*		
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	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.

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 = N $AMBR = A$	lanager Authorized Member	a saure	
<u>Title</u>	<u>Name</u>	2021 FEB 15 AM 7: 42	Type of Action
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ffective date, if other than the dat	02/08/2021 te of filing: (optional)
an effective date is listed, 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
Note: If the date inserted in this block is locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the
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record specifies a delayed offeeting de	to but not un officialization of 1201 cm, unthe continues (b). The 00th does foundly
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ated	
	4
Sign	nature of a member or aethorized representative of a member
	·
	YOEL MARTINEZ
	Typed or printed name of signee