L160000016602

(Re	equestor's Name)	
(Ac	ldress)	
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TECRETARY OF STATE

MAR 2 1 2016 J. HARRIS

COVER LETTER

TO:	Registration Ser Division of Corp			
CUDI		arm Management, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	e return all correspo	ndence concerning this matter t	to the following:	
		Nicholas L. Bruce		
			Name of Person	
		Collins Brown		
			Firm/Company	
		756 Beachland Boulevard		
		**************************************	Address	· · · · · · · · · · · · · · · · · · ·
		Vero Beach, FL 32963		
			City/State and Zip Code	
		nbruce@verolaw.com		
		E-mail address: (t	o be used for future annual report	notification)
For fu	rther information co	oncerning this matter, please ca	ıll:	
Nicho	olas L. Bruce		772 231-434 at ()	3
	Name of	f Person		ytime Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ S	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 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

Boa Safra Farm Management, LCC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L16000006662	were filed on January 8, 2016	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		TAI 31
		HAR 22 L
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		TATE DRIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the
	•	
Name of New Registered Agent:		
New Registered Office Address:		
THE REGISTERS OF THE PROPERTY.	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agravorsions of all statutes relative to the proper and complete	ee to act in this capacity. I fur	

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Amy D. Bruch	754 Camelia Lane	Add
		Vero Beach, FL 32963	■ Remove
			Change
MGR	Tyler Bruch	754 Camelia Lane	■ Add
		Vero Beach, FL 32963	□ Remove
			Change
			Add
			Remove ⋅
		 	Change
			Add
			☐ Remove
			TASE Change AHASS CAdd
			PREMOVED Change
			Add
			☐ Remove
			☐ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lied document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of the poth day after the record is filed. Dated March 15 Signature of a member or authorized representative of a member William 15 Signature of a member or authorized representative of a member of the poth signature					
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Dated	12:01 a.m. on the earlier of:	t not an effective time, at 12:			
Signature of a member or authorized representative of a member			2016	March 15	Doda d Ma
Signature of a member or authorized representative of a member	76 TAL	·			Dated
Signature of a member or authorized representative of a member Nicholas L. Siva				1///	
Nicholas L. Bluce	er SS N				
Toward and a second and a second as a seco	FOR AR	'n	r L. BI	Ni Cheli	
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Filing Fee: \$25.00