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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: $B_{i}N_{i}$	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Heather	Name of Person	
	B.W.H	Farms Firm/Company	
	8446	Shaw Road Address	
	Brooks	SVILLE, F. 3 City/State and Zip Code	50014
	<u> </u>	vms 1050 amai	1. Com
For further information co	oncerning this matter, please cal	l:	
Brian Name of	W. Walker Person	at (352) 398 Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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:

TO:

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

B.W.H. Farms ILC

(Name of the Limit	ted Liability Company : (A Florida Limited Liab	is it now appears on our ility Company)	r_records.)			
The Articles of Organization for this Limited Liability Company were filed on Jan. 11,2010 and assigned Florida document number LIODDDD 7854						
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name o	of the limited liabilit	y company here:				
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation	on "LLC" or the a	bbreviation "L	L.C."	
Enter new principal offices address, if applied	cable: _					
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>			 -		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>BOX)</u>			ALLIAHASS	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered o	<u>~</u> .	e address on our i	records, <u>enter</u>	the name	of the ne	
Name of New Registered Agent: New Registered Office Address:	Heath 8446	ier J. I Shaw	<u>Nalka</u> Road	64:11		
	Broc	Emer Florida stree	a address , Florida	346 Zip Code	<u>S0</u>	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Register

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

Address **Type of Action** Title Name Heather J. Walker 8446 Shaw Rd. DAdd MGR Brooksville, Fl 3460 Meremove ☐ Change Brian N. Walker 8446 Shaw Road DAdd Brooksville Fl 34/02 - Remove Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ffective date, if other than the date 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 c <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at ${f 1}$ The ${f 90}$ th day after the record is filed.	12:01 a.m. on the earlier o
Dated July 14 . 2017.	
Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00