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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: TTP	Ag Sales LCC
	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Tommy Guimbellot Name of Person
	Firm/Company
	Address
	Winusbaro La 71295 City/State and Zip Code
=	Tomas 9564 69+1.net Final address: (to be used for Juture annual report notification)
For further information conce	erning this matter, please call:
Tommy Guinb Name of Per	at (318) 535-9564 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
□ \$25,00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status Certificate of Status 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**

TJP Agsales LLC		
Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 17 2016 and assigned	
Florida document number <u>[16600054763</u> .	,	
This amendment is submitted to amend the following:		SECRETARY OF STATE TALLAHASSEE FLORIDA
A. If amending name, enter the new name of the limited liab	ility company here:	
The 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:	2365 Mould Rd	_
(Principal office address MUST BE A STREET ADDRESS)	W:Nusboro, la 7/295 = =	333
		žĘT
Enter new mailing address, if applicable:	PD, Box 1345	ARY (
(Mailing address MAY BE A POST OFFICE BOX)	Winnibaco, La 71295	₹. Fi
	8	IATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>new</u>
Name of New Registered Agent: Dmmy	Gaimbellot	-
New Registered Office Address:	Enter Florida 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

Page 1 of 3

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** Potricia Gnimbellit P.D. Boxs81 Jay, FL. 32565 DAdd

S395 Hwy 4 Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
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	<u></u>
-	
	
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	o
Effective date, if other than the date of filing:	optional) after filing.) Pursuant to 605.02(s, this date will not be listed a
ne record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	01 a.m. on the earlier
Dated 2-13-2018,	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00