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COVER LETTER

TO:	Registration Sec Division of Corp		À	·
		AIN FARMS, LLC		•
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter t		
		JOHN P. MAAS, ESQ.		
			Name of Person	
		JOHN P. MAAS, P.A.		
			Firm/Company	
		44 NE 16 STREET		
			Address	
		HOMESTEAD, FL 33030		
			City/State and Zip Code	
		BSTYE@AOL.COM		
			to be used for future annual report	notification)
For furt	her information c	oncerning this matter, please ca	all:	
JOHN	P. MAAS		305 247-7132 at ()	
_	Name c	f Person	at () Area Code Day	etime Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$23	5,00 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 Addre		Street Address	
	Registration Division of C		Registration Division of 0	Section Corporations
	P.O. Box 63:	27	The Centre of	of Tallahassee
	Tallahassee.	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		N FARMS, LLC		
(<u>Name of the Limited</u>) (A	Liability Compa Florida Limited	iny as it now appear Liability Company)	rs on our records.)	
ne Articles of Organization for this Limited Liabi orida document number <u>1.16000194826</u>	ility Company			and assigned
is amendment is submitted to amend the following	ing:			
. If amending name, enter the new name of th	<u>e limited liab</u>	oility company h	<u>ere</u> :	
//A				
ne new name must be distinguishable and contain the word	ls "Limited Liab	ility Company," the c	lesignation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	N/A		73 75 73
<u> Principal office address MUST BE A STREET .</u>	<u>4DDRESS)</u>			
Enter new mailing address, if applicable:		N/A		:
	9 X)			**
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>7.17</u>			Jn.
3. If amending the registered agent and/or reg gent and/or the new registered office address l	istered office here:	address on our	records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Fle	orida street address	
			Florida	
		Circ		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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			☐ Chânige
			□Chārīge
			□Remove
			□Chánge
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□("bonon

Bryan St. Germain	60%	
Bradley St. Germain	30%	
Derek St. Germain	10%	
		20°2 P
		27
		7
		7.
		9
	<u> </u>	
ective date, if other than th	e date of filing:	(optional) iling or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this	olock does not meet the applicable statut Department of State's records.	ory filing requirements, this date will not be liste
cord specifies a delayed effect s filed.	ve date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after
ed December 6	2022	
-11//-		

Filing Fee: \$25.00

Typed or printed name of signee