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COVER LETTER

то:	Registration Sec Division of Corp			
	Orchard Fa	ırms LLC		
SUBJE	CT:	N	G.11 (119). C	*** **********************************
		Name of Lim	ited Liability Company	
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Bethany Hawkesworth		
			Name of Person	
		Orchard Farms LLC		
			Firm/Company	
		1416 Nichols Drive		
			Address	
		Tavares, FL 32778		
		beth@orchardfarmshay.com	City/State and Zip Code	
		·	to be used for future annual report notifi	cation)
For first	bor information co	oncerning this matter, please ca	·	,
	iv Hawkesworth	meeting this matter, please ea	407 902-9152	
	· · · · · · · · · · · · · · · · · · ·		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

TO ARTICLES OF ORGANIZATION OF

Orehard Farms LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our record ability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L Florida document number	and assigned		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "L.J.C	C" or the abbreviation . L.C."
Enter new principal offices address, if applicable:		1416 Nichols Drive	1900
(Principal office address MUST BE A STREET ADDRESS)		Tavares	1
		F1.32778	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1416 Nichols Drive	υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ
		Tavares FL 32778	
		11,72710	
B. If amending the registered agent and/ registered agent and/or the new registered of			s, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1416 Nichols I	<u></u> -	
	Enter Florida street address		
	Tavares	FI	lorida
		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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nicholas Cowton	1416 Nichols Drive	
		Tavares	
			□ Remove
		FL32778	
			
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			Change
			□ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this is document's effective date on the limited on the limited of the limite	plock does not meet the ap	pplicable statutory i	or more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605,0207 (3)(s date will not be listed as the
the record specifies a delaye) The 90th day after the re	ed effective date, but cord is filed.	t not an effectiv	ve time, at 12:01 a	i.m. on the earlier of:
September 30th	2019			
Dated				
Blawkeon	Signature of a member or	authorized percents	dive at a manha	<u> </u>
Bethany Flawkeswort		andreizes represente	are of a memoer	
Demany FlawkesWort				
	Typed or r	printed name of signe	e -	

Page 3 of 3

Filing Fee: \$25.00