## L1700051302

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## **COVER LETTER**

	Name of Lim	ited Liability Company		
	•			
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
ease return all correspo	ondence concerning this matter	to the following:		
	Evin L. Netzer, Esq.			
		Name of Person	·	
	Bay Breeze Farms, LLC			
٠		Firm/Company		
	201 W. Christina Blvd., So	nite 3	·	
	Address			
	Lakeland, FL 33813			
		City/State and Zip Code		
	enetzer@agro-iron.com			
	E-mail address: (	to be used for future annual report notif	ication)	
or further information c	oncerning this matter, please c	all:		
vin Netzer		863 409-7492		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
relaced is a chack for th	ne following amount:			
neiosed is a check for th	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Bay Breeze Farms, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Jiability Company)	
The Articles of Organization for this Limited Liability Company Torida document number 1.17000051302	were filed on March 7, 2017	and assigned
his 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 Liabil	ity Company," the designation "ELC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	, <u>, , , , , , , , , , , , , , , , , , </u>	
Principal office address MUST BE A STREET ADDRESS)		
•	<del> </del>	17 OCT
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	_	1
	Enter Florida street address	1
	, Florida	Zip Code
iew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my duties, and I am for provided for in Chapter 605, F.S. Or, i	miliar with and f this document is
		į.

Page 1 of 3

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>	<u>Address</u>	Type of Action
CEO	Lawrence Hjersted	201 W. Christina Blvd., Suite 3, La	<b>⊟</b> Add
			☐ Remove
			Change
CFO	Daniel Britt	201 W. Christina Blvd., Suite 3, La	■ Add
		<del></del>	□ Remove
		<del></del>	Change
President	Evin Netzer	201 W. Christina Blvd., Suite 3, L.a	
		<del></del>	□ Remove
			Change
Secretary	Evin Netzer	201 W. Christina Blvd., Suite 3. La	■ Add
			Remove
		<del></del>	Change
Asst Sec		201 W. Christina Blvd., Suite 3, La	17.80.T.
			Remove
			Change 2
			Ó Add
			Remove
			Change

lf amending any other informati	on, enter change(s) here: (Attach additional	sheets, if necessary.)
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	be specific and cannot be prior to date of filing or more thick does not meet the applicable statutory filing req	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time rd is filed.	, at 12:01 a.m. on the earlier of:
October 23	2017	: 1
	ignature of a member or authorized representative of a r	member
Evin L. Netzer, Esq., Aut	horized Signatory	
	Typed or printed name of signee	

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Filing Fee: \$25.00