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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
2112.15		FARMS LLC			
SUBJECT:Name of Limited Liability Company					
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		GEORGE REDDY GOPU			
			Name of Person		
		PRISTINE FARMS LLC			
			Firm/Company	<del></del> -	
	1305 IVYHEDGE AVENUE				
	Address				
		SAINT AUGUSTINE, FL 32092			
		City/State and Zip Code			
		GEORGEREDDY@GMAIL.COM			
		E-mail address: (	to be used for future annual report notif	ication)	
For furtl	her information co	oncerning this matter, please co	all:		
GEORG	GE REDDY GOP	U	904 5409533		
	Name of	l'Person	at ()	Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>■</b> \$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:

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 OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recorded Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comparing Florida document number L17000053516	ny were filed on 03/07/2017	and assigned
This amendment is submitted to amend the following:	ahilita aa mama hara	
A. If amending name, enter the new name of the limited lis	adinty company nere:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECONDE SECOND
(Principal office address MUST BE A STREET ADDRESS)		NOV 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9 PAR
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	3
	Flo	orida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

PRISTINE FARMS LLC

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
AMBR	KOMMAREDDY, PRASHANTH		
		3298 REMBERT DR	■ Remove
		FRISCO, TX 75033	Change
AP	ARYA, NAGRAJ		
		15059 CAMDEN LN	■ Remove
		FRISCO, TX 75035	☐ Change
MGR	BURJU, RAGHURAM		
		11059 PERSHING LN	■ Remove
		FRISCO, TX 75035	☐ Change
MGR	THUMMA, SEBASTIN		
		42615 GOLD THREAD DR	■ Remove
		CHANTILLY, VA 20152	☐ Change
AMBR	GIADE, RAJA R	322 BAILEY RIDGE DR	Add
		MORRISSVILLE, NC 27560	□ Remove
			Change
MGR	THUMMA, VIJAY	8117 SUPERIOR DRIVE	Add .
		DENHAM SPRINGS, LA 70726	□ Remove
			Change

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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing <b>Note:</b> If the date inserted in this block does not meet the applicable statutory to	
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effectiv	ve time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.	
Dated NOVEMBER 20th 2017	
Dated	
Long	

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00