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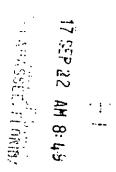
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COVER LETTER

TO: Registration Section . Division of Corporations	
SUBJECT: CRES Land & Far	m, LLC
Name of Limit	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Warren A.	Sume of Person
CRES Lan	d + Farm, LLC
514-1 Chaf	fil Point Blud
Sacksoniell	1, FL 32221
Watthe D.	City/State and Zip Code CUL) (A) O be used(f) r future annual report notification)
For further information concerning this matter, please ca	III:
Warren a. Dere	at (904) 910 4201 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
SIAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Eallahassee, 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

The Articles of Organization for this Limited Liability Company were filed on 8-3-2017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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 = A	uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MIR	Warren A. Syre	514-1 Chaffee toint HUD WAND
	·	514-1 Chaffee Point HUD MADDA DANGER PROPERTY OF REMOVE
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