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COVER LETTER

Divi	sion of Cor	porations		
SUBJECT:		l & Farm, LLC		
Sobsect.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Warren A. Tyre		
			Name of Person	
		CRES Land & Farm, LLC		
			Firm/Company	
		514-1 Chaffee Point Blvd.		
			Address	
		Jacksonville, FL 32221		
			City/State and Zip Code	,
		watyre@cresjax.com		
			to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	all;	
Warren A. T	yre		904 910-4201 at ()	:
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section

MAILING ADDRESS: 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**

CRES Land & Farm, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 3, 2017 and assigned Florida document number <u>L17</u>000166497 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 "L.L.C." 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) Ç B. If amending the registered agent and/or registered office address on our records, enter the namel of the new 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CRES Commercial Real Estate, Inc.	514-1 Chaffee Point Blvd.	DAdd
		Jacksonville, FL 32221	■ Remove
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<u>te:</u> If the	tte, if other than the date of filing:	optional) after (iling.) Pursuant to 605.02( , this date will not be listed a
record s he 90th	specifies a delayed effective date, but not an effective time, at 12:0 day after the record is filed.	01 a.m. on the earlier
ed	10-31-17	5- <b>2</b> -
	11/191	AOH LIBS
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	Signature of a member or authorized representative of a member	6

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Filing Fee: \$25.00