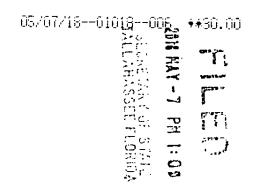
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Ag + Land Solutions LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristopher Williams Name of Person
Southern Ag + Land Solution, LLC
2355 Wendy Road
Ft. Denaud, Fl 33935 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristophor Williams at (239) 633-2974 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

Southern Ag + Lan	d Solutions LL	ک
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our record led Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L [800055358</u>	any were filed on 31118	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
nla		
The new name must be distinguishable and contain the words "Limited Li	lability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		CLB CDA
		And the second
Enter new mailing address, if applicable:	<u>nla</u>	SS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		s, enter the name of the nev
	I	
Name of New Registered Agent:	<u>a</u>	
New Registered Office Address:	Enter Florida street addres	w
	E1.	orida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>of removed from our records</u>:

.MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>AMB</u> R	Kristopher Williams	2355 Wendy Rd.	D Add
		Ft. Denaud FL 33935	□ Remove
			Change
AMBR	Genific Williams	2355 Wendy Rd.	🖸 Add
		Ft. Dercud, FL 33935	🗆 Remove
			Change
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If an effective of Note: If the document's e	date inserted in this block does effective date on the Departmen	fic and cannot be prior to date of filing or more than 90 d not meet the applicable statutory filing requirement at of State's records.	ents, this date will not be listed as t
Dated <u>M</u>	194 2	<u> 2018</u> .	
		1	2318 TALL
	Signature	e of a member or authorized representative of a member	
	1/	. 01/2	SSS
_	Kristophen	Typed or printed name of signee	[]] ·
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		Page 3 of 3	. 0
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Filing Fee: \$25.00