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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Timber Creek	c Farms, LLC
Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Michael	or Kelly Carbonano Name of Person
Timber	Creek Farms, LLC Firm/Company
<u>3121</u> St	Slater Street
	FL 34997 City/State and Zip Code
Progreen La Hand address:	to be used for future annual report notification)
For further information concerning this matter, please	call:
Michael Carbonano	at (772) 286 - 0510 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Felephone Number (772) $260 - 2651$
Enclosed is a check for the following amount:	200 2001
S25.00 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: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Timber Creek Farm	1 LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800 00 79 10 4</u>	were filed on $\frac{3/28/2}{}$	018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Timber Creek Farms The new name must be distinguishable and contain the words "Limited Liabil	LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No changes	
(Principal office address MUST BE A STREET ADDRESS)	0	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No changes	
(Braining duaress PIAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		S 2 2 -
New Registered Office Address:	Enter Florida street address	TO AMI
	Flor	ida SZ O C
New Registered Agent's Signature, if changing Registered Agent:		, v
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	am familiar with and S Or, if this document is
If Chan	iging Registered Agent, <u>Signature of</u>	New Registered Agent

If amending A	outhorized Person(s) authorized to mana our records:	age, enter the title, name, and addre	ss of each person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
	Kelly L. Carbonaro	3121 SE Slater	BT. (DP Add	
(Mer)	J	Stuart, FL 349	77 Remove	
			□ Add	
			□ Remove	
			☐ Change	
			☐ Add	
			☐ Remove	
			☐ Change	
			☐ Remove	
			Change	
			□ Add	
			☐ Remove	
			☐ Change	
				
			□ Remove	
			□ Change	

). If amending any other information, enter change(s) here: (Attach additional sh	neets, if recessary.)
<u> </u>	
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	OF STA
	NO: 29
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
he record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated 4/3/2018 12:01 km.	
Signature of a member or authorized representative of a men	mber
Kelly L. Carbonaro Michael Typed or printed name of signer	Curpowaro
S, F, Finnes mans or signife	
Page 3 of 3	ì

Filing Fee: \$25.00