L18000118655

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U3/24/20 U1031 U17 ** (0.00)

7020 AUG 24 AM 8: 24
SECRETARY OF STATE



COVER LETTER

Registration Section

TO:

Division of Cor	porations		
SUNRISE I	FARM, LLC		
SUBJECT:			
	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:	
	2017 & 131 P.O. 131 (P.118 & A. I.)		
	CHARLES BUSHMAN J	K	
	-	Name of Person	
	SUNRISE FARM, LLC		
		Firm/Company	
	3431 BORDER RD		
		Address	
	VENICE, FL 34292	radicis	
	V13(((3)), V13,34272		
		City/State and Zip Code	
	ADMIN@SUNRISEFARM	LUS	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
CHARLES BUSHMAN	JR	941 224-1210	
		at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
	-	—	=
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration 5		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Ta	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRISE FARM, LLC

2020 AUG 24 AM 8: 24

(Name of the Limited Liability Company as it now appears on our records.) OF STATE TALLAHASSEE, FI 05/11/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _____ L18000118655 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) B. If amending the registered agent and/or registered office address on our records, enter the name 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

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.

City

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>	<u>Address</u>	Type of Action
MGR	CHARLES BUSHMAN JR		
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
		3431 BORDER RD, VENICE, FL 34292	
			Change
			□Add
			□Remove
			□Change
<u> </u>			□Add
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			□ Change

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	CHARLES BUSHMAN JR		—	

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