L18000/68259

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TO:

Registration Section

Division of Cor	porations	., .	
Cherry Hill	Farms 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:	
	Tom LeDuc		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Cherry Hill Farms LLC		
		Firm/Company	
	310 Lett Lane		
		Address	
	Havana, Fl 32333		
		City/State and Zip Code	
	tom@cherryhillfarmsfl.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Tom LeDuc		850 2514021 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing 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)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cherry Hill Farms LLC		Z029	HAY 20	Att a
(Name of the Lim	ited Liability Co (A Florida Lim	2020 mpany as it now appears of ited Liability Company)	n our recor	वर्षा है: 50
The Articles of Organization for this Limited I	Liability Comp	any were filed on 7/12/2	2018	and assigned
Florida document number 1.18000168259				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited	liability company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the desi	gnation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/or agent and/or the new registered office addr		fice address on our rec	ords, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	a street addr	ess
	N/A		, F	Ilorida ^{N/A}
		City		Zip Code

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

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Title	<u>Name</u>	Address	2020 HAY 29	Aii 8: 20	Type of Action
AMBR	Ronald J. LeDuc	310 Lett Lane		All.	
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ective date, if other than the dot offective date is listed, the date must be te: If the date inserted in this blockument's effective date on the Dep	does not meet the applicabl	date of filing or more than 90 days after c statutory filing requirements, this	onal) filing.) Pursuant to 605.0207 s date will not be listed as
cord specifies a delayed effective of sfiled.	ate, but not an effective time	, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ed May 28	2020		
2 - 2	 Z	red representative of a member	
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S	gnature of a member or authoriz	ted representative of a member	