## L18000291577

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(Address)
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(Document Number)
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LT 19 2022

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Meye	Renewable Name of Limite	d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Gresha	n Stoneburn Name of Person	<u>e</u>
		Pirm/Company	
	4312	Pawner Stren	· +
		, rodreso	
	C Stone W E-mail address: (10	City/State and Zip Code  Where @ JAX lower obe used for future annual report notifies	Mon)
For further information cond	cerning this matter, please ca	N:	
Jeff Name of P	leg er erson	at ( $\frac{9vy}{Area Code}$ ) 553	S620 Telephone Number
Enclosed is a check for the	following amount:		
♥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u>		Street Address:	tion

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRED

Meyer Renewables, LLC		2022 SEP 19 AH 8: 32
(Name of the Limited ) (A)  The Articles of Organization for this Limited Liabi  Florida document number L18000291577	Liability Company as it now appears on Florida Limited Liability Company)	OUT records.)  VALUE OF STATE
The Articles of Organization for this Limited Liabi	lity Company were filed on Decem	ber 20, 2018 and assigned
Florida document number L18000291577	<del></del> ·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Meyer Agriculture, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAX BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered office address b		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
	City	, Florida 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 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
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
	·		☐ Change
			□Add
			□Remove
			☐ Change
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			□Remove
			□Add
			□Remove
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	September 14 2022
loto.	·
<b>Date</b> (	
Dated	Signature of a member or authorized representative of a member

•

Filing Fee: \$25.00