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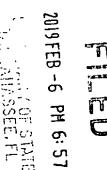
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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C. GOLDEN FEB 1 2 2019

COVER LETTER

Divisio	n of Corporatio	ns		
ВЈЕСТ:	SEED	· BEAN	MANKET LLC	
		Name of Lin	nited Liability Company	
enclosed An	ticles of Amenda	ment and fee(s) are sub	omitted for filing.	
ase return all	correspondence	concerning this matter	to the following:	
		BINE	Name of Person	
			Name of Person	
			Firm/Company	
	<u></u>	645	CHANGOTE ST. Address	
		O /	Address	
		TUNTA CLON	City#State and Zip Code	<u> </u>
		E-mail address:	City State and Zip Code TOUS BELL CONSTR (to be used for future annual report noti	tication)
further infor		ng this matter, please o		
Druc	محالب سے	Port	at (941) 428 Area Code Daytim	- 2158
	Name of Person		Area Code Daytim	e Telephone Number
closed is a cho	eck for the follow	ving amount:		
\$25.00 Filing		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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SELD = BERN MANGET, CC. 2019 FEB - 6. PM 6: 57
(Name of the Limited Liability Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Company were filed on
The Articles of Organization for this Limited Liability Company were filed onand assigned
Florida document number <u>L19000012945</u>
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 "L.I.C" or the abbreviation "L.I.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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
tersteres agent and or the new religiones differ aguress neve.
Name of New Registered Agent:
New Registered Office Address: 645 CHARLOTTE STREET Enter Florida street address
PUNTA GORDA FL 33950
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
AR	CARIL YSANS ANDERSON	9860 CYPRES LAKE FA	□ Add
		Address 9860 CIPPES CALE FA FT. M. ENS., FC 33919	☑ Remove
			Change
MGR	C3 INTESTMENT GROUP, US, I	in. 9860 GIPRESS LAKE DR.	O Add
		FORT MYERS, FL 33919	Remove
			O Change
IR to MG	R BRUCE WENDORF	645 CHARLOTTE STREET	□ Add
		PUNTA GORDA, FL 33950	_ □ Remove
			_ P Change
			_□ Add
			_□ Remove
		···	_□ Change
			_□ Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			_□ Change

	REMOVE CRAIG PISARIS-HENDERSON AS ACCOUNT REPRESENTATIVE (AR)
	REMOVE C3 THESTMENT GROUP US, INC. AS MANAGER (MGR)
	CHANGE BRUCE WENDORF FROM ACCOUNT REP (AR) TO MANAGER (MGR)
(If an Not	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d 1/24/15
	Signature of a member or authorized representative of a member
	BRUCE WENDORF Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00