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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JFGFARMS LLC.	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James Lean Quartes Name of Person	
FGFARMS LLC. Firm/Company	
9636 Morar Rd. Address	
Southport F1 32409 City/State and Zip Code	
Figure (a) Yahre Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sason F. Gardner at (900) 476-4426 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee 卷 ☐ \$55.00 Filing Fee 卷 ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

to the second

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

<u>JEGFARM</u>	hs LLC.			
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability		2019 a	nd assig	ned
Florida document number <u>L 190000</u> 18	1253			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	r the abbreviat	ion "L.L.	
Enter new principal offices address, if applicable:		-		
(Principal office address MUST BE A STREET ADD	DRESS)			
Enter new mailing address, if applicable:		il e		
(Mailing address MAY BE A POST OFFICE BOX)			201	
			53	
		5 T	3	-
B. If amending the registered agent and/or registere		e name of th	е пеж	registered
agent and/or the new registered office address here:	:	, 	ئ ب	
		7	<u>-</u>	
Name of New Registered Agent:		• • • • • • • • • • • • • • • • • • • •		
New Registered Office Address:				
	Enter Florida street address			_
		da		
	City	Zin	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
AMBR	James Leon Guartes	9636 Morar Rd. Southport F1. 32409	BAdd
			□Change
			🗆 Add
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change
	AL 10.		□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□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: 3-1/-3020 (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
record is fi	rd 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 ided.
Date d	3-11 . 2020. Jut Dan
	Signature of a melither or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00