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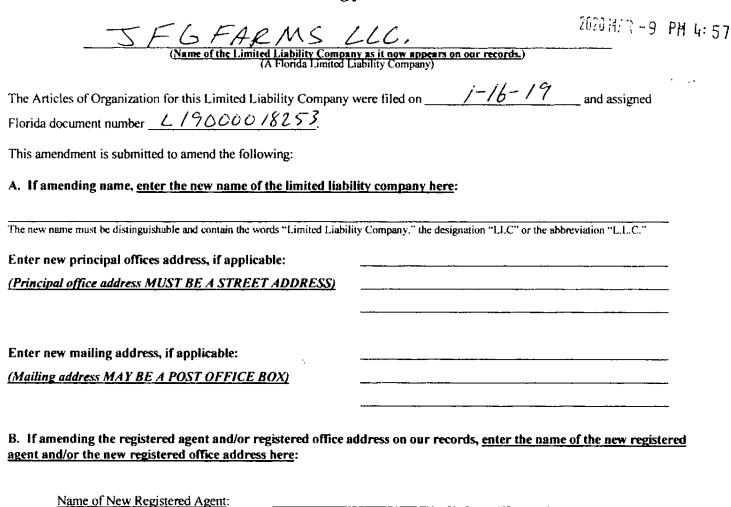
TO: Registration Section Division of Corporations
SUBJECT: JFGFARMS LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rickie Lee Gilmer Name of Person
SFG Farms LLC. Firm/Company
9636 Morar Rd. Address
Panama City F1. 32409 City/State and Zip Code
JFGWIRE Q 4960. Com E-mail address: (w be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 476-4426 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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



New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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>	Name	Address	Type of Action
AMBR	Rickie Lee Gilmer	620 spikes rd.	GAdd
		Southport F1. 32409	□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			🗆 Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
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		<u> </u>	□Remove
			Change

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ffectiv	ve date, if other than the date of filing: 3-4-20 (option of the date of filing)	onal)
an eneci	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.020's date will not be listed as
ocumen	nt's effective date on the Department of State's records.	
	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
is filed	d.	
	03-04 . 2020.	
ated		
ated	Lant dans	
rated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00