## L19.000 018 253

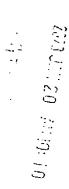
| - JF6 Farms UC -                        |
|-----------------------------------------|
| 9636 Morar Rd.                          |
| - parama City Fi. 32409 -               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
| (9.1)                                   |
| (Business Entity Name)                  |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
|                                         |
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Office Use Only



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##25.00 \*#25.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JFG FARMS LLC                                                                              | I I inhilian Chara               | an a it nam appears as an                        | = =====d= )         | <del></del>                           |  |
|--------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|---------------------|---------------------------------------|--|
| (Name of the Limited                                                                       | V Florida Limited I              | ny as it now appears on ou<br>liability Company) | r records.)         |                                       |  |
| The Articles of Organization for this Limited Liab<br>Florida document number L19000018253 | bility Company                   | were filed on 1-16-2019                          |                     | and assigned                          |  |
| This amendment is submitted to amend the follow                                            | ving:                            |                                                  |                     |                                       |  |
| A. If amending name, enter the new name of t                                               | •                                | ility company here:                              |                     |                                       |  |
| T. If amending hame, enter the new hame or                                                 | inc minted hab                   | my company nere.                                 |                     |                                       |  |
| The new name must be distinguishable and contain the wor                                   | rds "Limited Liabi               | lity Company," the designation                   | on "LLC" or the abb | previation "L.L.C."                   |  |
| Enter new principal offices address, if applical                                           | ble:                             | 9636 MORAR RD                                    |                     |                                       |  |
| Principal office address MUST BE A STREET                                                  |                                  | PANAMA CITY FLOR                                 | RIDA 32409          | 73                                    |  |
|                                                                                            |                                  |                                                  |                     | ت : د                                 |  |
|                                                                                            |                                  |                                                  |                     | · · · · · · · · · · · · · · · · · · · |  |
| Enter new mailing address, if applicable:                                                  |                                  |                                                  |                     | 20                                    |  |
| Mailing address MAY BE <u>A POST OFFICE B</u>                                              | (OY)                             |                                                  | •                   | . ::                                  |  |
| Maning address MAT BE A POST OFFICE B                                                      | <u>011)</u>                      |                                                  | -                   | . 3                                   |  |
|                                                                                            |                                  |                                                  |                     |                                       |  |
| B. If amending the registered agent and/or re                                              | vistered office :                | address on our records                           | . enter the name    |                                       |  |
| agent and/or the new registered office address                                             | •                                |                                                  |                     |                                       |  |
|                                                                                            |                                  |                                                  |                     |                                       |  |
| Name of New Registered Agent:                                                              | JASON GARDNER                    |                                                  |                     |                                       |  |
| New Registered Office Address:                                                             | 9636 MORAR                       | RD                                               |                     |                                       |  |
|                                                                                            | Enter Florida street address     |                                                  |                     |                                       |  |
|                                                                                            | PANAMA CITY FLORIDA , Florida 33 |                                                  |                     | 09                                    |  |
|                                                                                            |                                  | City                                             |                     | 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> | Name                    | Address                             | Type of Action                     |
|--------------|-------------------------|-------------------------------------|------------------------------------|
| AMBER        | RICKY GILMER LEE        | 9636 MORAR RD PANAMA CITY FL 32409  | □Add                               |
|              |                         |                                     | =Remove                            |
|              |                         |                                     | □Change                            |
| AMBER        | MICHAEL JAMES BURNS JR. | 909 DEWITT ST PANAMA CITY FL. 32409 | ≅Add                               |
|              |                         |                                     | Remove                             |
|              |                         |                                     | Change                             |
|              |                         |                                     |                                    |
|              |                         |                                     | Remove                             |
|              |                         |                                     | □ Remove<br>:::<br>:::<br>□ Change |
|              |                         |                                     | □Add                               |
|              |                         |                                     | Remove                             |
|              |                         |                                     | Change                             |
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Change

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| fective date,                | if other than the d                                                    | ate of filing:     | /17/2023          |                                       | (optior         | al)      |                       |
| ite: If the date             | is listed, the date must be inserted in this blocetive date on the Dep | k does not meet    | the applicable st |                                       |                 |          |                       |
| ecord specifies<br>is filed. | s a delayed effective o                                                | date, but not an e | ffective time, at | 12:01 a.m. on the                     | earlier of: (b) | The 90th | day after th          |
| ited                         | 4                                                                      | ·                  | ·                 |                                       |                 |          |                       |
|                              | 77 1                                                                   |                    |                   |                                       |                 |          |                       |

Typed or printed name of signee