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	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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<b>\</b>	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

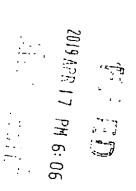
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## **COVER LETTER**

	legistration Se Division of Cor			
aus in a	Patriot Irrig	ation LLC		
SUBJEC	Γ:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	um all correspo	ndence concerning this matter	to the following:	
		Ryan Vahrenwald		
		Patriot Irrigation LLC	Name of Person	
		2421 Maywood st	Firm/Company	
		Eustis, FI 32726	Address	
		info@patriotirrigationorland	City/State and Zip Code do.com	
		E-mail address: (	to be used for future annual report notifi	ication)
For furthe	r information c	oncerning this matter, please ca	all:	
Ryan Vah	renwald		407 932-8810	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
<b>=</b> \$25.00	) Filing Fee	□ \$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 **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ED TO

Patriot Irrigation LLC

2019 APR 17 PM 6: 06

	( <u>Name of the Limited L</u> (A F	lorida Limited Liability Con	npany)	TALL	<del>-</del>	
The Artic	cles of Organization for this Limited Liabil	ity Company were filed	on <sup>04-</sup>			and assigned
Florida d	locument number <u>L19000095489</u>					
	endment is submitted to amend the following					
1. If am	nending name, <u>enter the new name of the</u>	limited liability comp	any he	<u>re</u> :		
he new na	ame must be distinguishable and contain the words	"Limited Liability Company	y." the d	esignation "LLC	or the abbre	viation "L.L.C."
Enter ne	ew principal offices address, if applicable	::				
Principa	al office address MUST BE A STREET A	DDRESS)				
	ew mailing address, if applicable:  address MAY BE A POST OFFICE BOX	Δ				
	mending the registered agent and/or a	registered office addr	ess on	our records	, <u>enter the</u>	name of the
egistere	d agent and/or the new registered office  Name of New Registered Agent:	address here:				
egistere	Name of New Registered Agent:	address here:		<del>,,,,</del>		
egistere			uer Flor	ida street address		
registere	Name of New Registered Agent:			ida street address , Flo		Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

Tramending 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
MGR	Shayna Rochell	2421 Maywood St, Eustis,Fl 32726	□ Add
			Add
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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Tective date, if other than the dots of the date is listed, the date must be:  If the date inserted in this blocument's effective date on the Department's effective date.	be specific and cannot be prior to dank does not meet the applicable	(option to of filing or more than 90 days after statutory filing requirements, this	filing.) Pursuant to 605.020
record specifies a delayed he 90th day after the reco	effective date, but not and is filed.	effective time, at 12:01 a	.m. on the earlier o
April 13th	2019		
ed			
aed April 13th Ryan U	alvertical dignature of a member or authorized		

Page 3 of 3

Filing Fee: \$25.00