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| (Requestor's Name)                      |   |  |
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| (Address)                               | — |  |
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| (City/State/Zip/Phone #)                |   |  |
| (City/State/2/p/Filone #)               |   |  |
| PICK-UP WAIT MAIL                       |   |  |
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| (Business Entity Name)                  |   |  |
|   |   |  |
| (Document Number)                       | — |  |
| , ,                                     |   |  |
| Certified Copies Certificates of Status |   |  |
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| Special Instructions to Filing Officer: |   |  |
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|   | ,  | COVER                | LETT  | ER                               |   |  |
| TO: Registration So<br>Division of Cor        |  |                      |   |                                  | 1f  |  |
| Anzar Far                                     | m, LLC                                       |                      |   |                                  |   |  |
| SUBJECT:                                      | Name of Lim                                  | ited Liability C     | Company   |                                  |   |  |
|   |  |                      |   |                                  |   |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                 | mitted for fili      | ng.   |                                  |   |  |
| Please return all correspo                    | ondence concerning this matter               | to the followi       | ng:   |                                  |   |  |
|   | Steve Dunkley                                |                      |   |                                  |   |  |
|   | <del></del>                                  | Name o               | of Person   | <u>-</u>                         | <u>.</u>  |  |
|   |  |                      |   |                                  |   |  |
|   | 184-11-                                      | FirmC                | ompany  | •                                |   |  |
|   | 12640 Hammock Pointe, C                      | IR                   |   |                                  |   |  |
|   |  | Add                  | lress   |                                  |   |  |
|   | Clermont, FL 34711                           |                      |   |                                  |   |  |
|   | anzardunkley@gmail.com                       | City/State ai        | nd Zip Co   | de                               |   |  |
|   | E-mail address: (                            | to be used for f     | uture anni  | ual report notific               | ration)   |  |
| For further information e                     | concerning this matter, please ca            | all:                 |   |                                  |   |  |
| Steve Dunkley                                 |  | 1                    | 21 (  | 313-1413                         |   |  |
| Name o  | of Person                                    | at ( <u> </u><br>/In | ea Code   | Daytime '                        | Telephone Number  |  |
|   |  |                      |   |                                  |   |  |
| Enclosed is a check for the                   |  | <b>D</b> 655 20      | en e  | 0                                | FISCO DO PIL F  |  |
| □ \$25.00 Filing Fee                          | ■ \$30.00 Filing Fee & Certificate of Status |                      | in thing relied Copy is                               |                                  | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| MAIL  | ING ADDRESS:                                 |                      | STRE  | ET/COURIE                        | R ADDRESS:  |  |
| Registration Section Division of Corporations |  |                      | Regist  | ration Section<br>on of Corporal |   |  |
| P.O. Box 6327                                 |  |                      | Cliftor   | n Building                       |   |  |
| Tallahassee, FL 32314                         |  |                      | 2661 Executive Center Circle<br>Tallahassee, FL 32301 |                                  |   |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Anzar Farm, LLC   |                                     |   |                        |                        |
|---|-------------------------------------|---|------------------------|------------------------|
| (Name of the Lim  | ited Liability Co<br>(A Florida Lim | mpany as it now appears on<br>ited Liability Company) | our records.)          |                        |
| The Articles of Organization for this Limited L<br>Florida document number L19000124569   | Liability Comp                      | nany were filed on May 0                              | 8, 2019                | and assigned           |
| This amendment is submitted to amend the fol  | lowing:                             |   |                        |                        |
| A. If amending name, enter the new name of  | of the limited                      | liability company here:                               |                        |                        |
| N/A   |                                     |   |                        |                        |
| The new name must be distinguishable and contain the  | words "Limited I                    | Liability Company," the desig                         | nation "LLC" or the    | abbreviation "L.L.C."  |
| Enter new principal offices address, if appli   | cable:                              | N/A   |                        |                        |
| Principal office address MUST BE A STREET ADDRESS)  |                                     | <u> </u>  |                        | <u> </u>               |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> B. If amending the registered agent and registered agent and or the new registered of | l/or registere                      |   | ır records, <u>ent</u> | er the name of the new |
| Name of New Registered Agent:   | N/A                                 |   |                        |                        |
| New Registered Office Address:  | N/A                                 |   |                        |                        |
|   |                                     | Enter Florida   | street address         |                        |
|   |                                     |   | Florida                |                        |
|   |                                     | Ciù   |                        | 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 Changing Registered Agent, Signature of New Registered Agent

|                     | ··                           |                                   |                |
|---------------------|------------------------------|-----------------------------------|----------------|
| MGR = -N $AMBR = A$ | lanager<br>authorized Member |                                   |                |
| Title               | <u>Name</u><br>Steve Dunkley | Address 12640 Hammock Pointe CIR, | Type of Action |
| AP                  | Steve Dulikiey               | Clermont, FL 34711                | ■ Add          |
|                     |                              |                                   | <b>5</b>       |
|                     |                              |                                   | Remove         |
|                     |                              |                                   | Change         |
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|                     |                              |                                   | □ Remove       |
|                     |                              |                                   | Change         |

| D. If amending any other information, enter change(s) here Please register Steve Dunkley as Owner/AP.   | e: (Attach additional sheets, if necessary.)  |
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| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records | (optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b able statutory filing requirements, this date will not be listed as the |
| If the record specifies a delayed effective date, but no (b) The 90th day after the record is filed.  | t an effective time, at 12:01 a.m. on the earlier of:   |
| May 23, 2019  |   |
| Ammunie Islamoin<br>Signature of a member or auth   | crized representative of a member   |
| Annmarie Robinson   |   |
| Typed or print  | ell name of signee  |

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Filing Fee: \$25.00