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(Requestor's Name) (Address) (Address)	000336375390
(City/State/Zip/Phone #)	00003353753390 10/31/1601002012 ++160.00
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TO:	Registration Section Division of Corporations	) l		.e	<b>#</b> ‡+	• <sup>4</sup> . -• •	₩.	<b>K</b> •
SUBJI	ECT: TW DI	Ledo-W Name of Limit	Mitzbe		<u>cepy m</u>	ock	<u>21</u> L	LC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person CLC Emmorked  $\mathcal{C}$ a <u>Halewateralev</u>. com a For further information concerning this matter, please call:

0,544-2905 at ( Davtime Telephone Number

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

S30.00 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

T ARTICLES OF (	AMENDMENT TO ORGANIZATION OF
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Witchell Hammack P.J.L.C. any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 1900022220$	where filed on $\frac{8/30/19}{19}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	<u>bility company here</u> :
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	illity Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	TINCT OF S
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records. <u>Mer the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

-

Title	Name	Address	Type of Action
AMB2	Parker Farms Holding LLC	1647 Kings Huy	🗆 Add
		Dak Gove, MA 22443	Remove
			🗆 Change
AMBR	JRJ Ventures/L	Colonial Prach, VA 2044	Add
		Colonial Prach, VA 2044	C Remove
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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

## 

If the record 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 record is filed.

Dated Cotober 31 . 2019.
Signature of a member or authorized representative of a member
Broothad R. Safley
Typed or printed nume of signee



Filing Fee: \$25.00