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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: <u>ROD</u>	RIGUEZ FA Name of Limit	ARMS LLC ted Liability Company	
	mendment and fee(s) are subn		
	ENHANUE	L RODRIGU Name of Person	CZ_
	RODRIGUE	EZ FARMS Firm/Company	11C
	20534	965t Address	
	LIVE OF	City/State and Zip Code Y 305 @ amaio o be used for future annual report no	060 SECT TA
	E-mail address: (t	o be used for future annual report no	C.Com Table Spiriteation)
For further information con	ncerning this matter, please ca	ill:	
ENHANUEL Name of	RODRIGUEZ Person	at (<u>386) 209</u> Area Code Dayti	SECRETARIO PH 6: QL ime Telephone Number
Enclosed is a check for the	following amount:		
\$\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Se Division of Co P.O. Box 6327	ection orporations	Street Address: Registration S Division of C The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RODRIGUEZ (Name of the Limit)	FARMS LLC	ears on our records.)	
Traine of the Earning	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>L 190002</u>	ability Company were filed on 6567 .	09/09/2019 and ass	igned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
		<u> </u>	2075
		TALLI	2075 JUH 10
Enter new mailing address, if applicable:			=
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>	
			 √
B. If amending the registered agent and/or ragent and/or ragent and/or the new registered office address	egistered office address on our	records, enter the name of the ne	v registered
Name of New Registered Agent:	ENMANUEL 1	2DDR.IGUEZ	
New Registered Office Address:			
HEN REGISTERS OFFICE PROBLEM.	Enter F	Florida street address	
		, Florida Zip Code	
	City	Zip Code	
	B. C. J.A		

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

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>	<u>Name</u>	Address	Type of Action
MER	ENHANUEL RODPIGUEZ	20534 965 Live Dak FL	XAdd
			□Remove
			□Change
MGR	MRRIA ACOSTA		□ Add
			Remove
			Change
			Change SECRETALL ALTO
			ALTAS (BRemove
			O Remove 5:
			□Add
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ective date, if other than the date of file effective date is listed, the date must be specific te: If the date inserted in this block does not be unnent's effective date on the Department of	and cannot be prior to of meet the applicab of State's records.	date of filing or more th le statutory filing req	uirements, this date	will not be	e listed as
cord specifies a delayed effective date, but s filed.	iot an effective time	e, at 12:01 a.m. on the	e earlier of: (b) 1 in	e 90m day	after the
ed MAY 29	2025	zed representative of a	nember	·	_
c:	Carinamban an archa-	zeu representative OFA i	Helifoti		