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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOM CORTE FARMS, LLC

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December 3, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TOM CORTE FARMS, LLC  
3210 NORTHEAST 5TH STREET, APT 401  
POMPANO BEACH, FL 33062

SUBJECT: TOM CORTE FARMS, LLC  
REF: L19000271357

We have received your document for TOM CORTE FARMS, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The LLC name you are wanting to change is the same name as the current name filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H19000340072  
Letter Number: 519A00024433

*Please Read amendment the  
Name is changing to Tom Conte Farms  
it was misspelled when filed*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TOM CORTE FARMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

NOV 20 23

The Articles of Organization for this Limited Liability Company were filed on 11/14/2019 and assigned  
Florida document number L19000271357

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TOM CONTE FARMS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

**H19000340072** If an **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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TOM CORTE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOM CONTE		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is indicated, the date must be the date of the filing of the application with the U.S. Patent and Trademark Office.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

2019

ROBERT HAYDEN R/A, ORGANIZER

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