L19000 306599

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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2020 APR -3 PM 2: 57

Amend

AFR 18 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

KAMINO	PROPAGATION & REŠEAR	CH, LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maxwell Minch		
		Name of Person	
	Maxweil L. Minch Esq. P.	A	
		Firm/Company	
	5707 NW 234TH STREE	ľ	
		Address	
	NEWBERRY, FL 32669		
Name of Person Maxwell L. Minch Esq. PA Firm/Company 5707 NW 234TH STREET Address NEWBERRY, FL 32669 City/State and Zip Code maxwell.minch@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Maxwell Minch Name of Person Area Code Daytime Telephone Number second Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)			
	= "		
For further information c		·	mication)
Maxwell Minch			
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ection
-		-	
			-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAMINO PROPAGATION & RESEARCH, LLC

(Name of the Lim	ited Liability Company a (A Florida Limited Liabil	<u>it now appears ол our re</u> ity Company)	<u>cords.</u>)
The Articles of Organization for this Limited I Florida document number L19000306599	Liability Company wer	e filed on 12/17/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address here: Maxwell L. Minch		PH 2: 5 PH 2: 5 The name of the new registered
New Registered Office Address:	11925 SW 1st Lane	77 79 4	,,
		Enter Florida street ad	
	Gainesville		, Florida 32607 Zio Code
		City	Zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete per sistered agent as prov registered office ada	formance of my dutie: ided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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
MGR	Maxwell Minch	11925 SW 1st Lane, Gainesville, FL 32607	≣Add
			□Remove
			□Change
		 	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

March 28 2020 Signature of a member or authorized representative of a member	Tax 1D: 84-4607144		_
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