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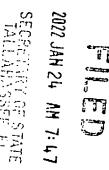
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	C-Sun Ridg	e Farm, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Randi Callaway		
			Name of Person	
			Name of Person	
		C-Sun Ridge Farm, LLC		
			Firm/Company	
		5173 Crystal Beach Road		
			Address	
		Winter Haven, FL 33880		
			City/State and Zip Code	
		sunflsoaps@gmail.com		
		E-mail address: (to be used for future annual rep	ort notification)
For further in	nformation c	oncerning this matter, please ca	all:	
Randi Callav	way		863 409-6	240
	Name o	f Person		Daytime Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
# 18	93	Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Status & d) Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Addi</u> Registratio	ess: on Section
Div	vision of C	corporations	Division of	of Corporations
	D. Box 632			e of Tallahassee
). Box 632 llahassee. l			e of Tallahassee Ionroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JAN 24 AH 7: 47

C-Sun Ridge Farm, LLC			
(Name of the Limited) (A	Liability Com Florida Limite	pany as it now appears on our records.) d Liability Company) TALLAH	RY OF STATE ASSEE, FL
The Articles of Organization for this Limited Liabi	ility Compar 	ny were filed on 01/13/2020	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited lia	bility company here:	
Saged Sunflower, LLC			
The new name must be distinguishable and contain the word	ls "Limited Lia	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	N/A	
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	N/A	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		e address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent: New Registered Office Address:	N/A		
		Enter Florida street address	

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.

City

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
	N/A		
			Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
			
			□Remove
			Change
			□Add
			□ Remove
			□ Change

N/A	
 -	
	February 1, 2022 (optional)
ffective date, if	other than the date of filing:
Jakar Iiitha date .	incerted in this block does not meet the approximate
locument's effect	ive date on the Department of State's records.
	the south of the south day after 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
d is filed.	
lanuary 17	2022
Dated	710
	Signature of a member or authorized representative of a member
	I A more to more than
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Callaway