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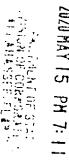
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JUN 0 5 2028 S. YOUNG

COVER LETTER

то;	Registration Section Division of Corporations	
SUBJE	ccr: <u>Cultivate</u>	Agricultural Intelligence, LLC
The en	closed Articles of Amendmen	t and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Novoa Name of Person Avalon Park Group Management Firm/Company 3680 Avalon Park E. Blvd., Ste. 300 Address Orlando FL, 32828 City/State and Zip Code nicolek@avalonparkgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cynthia Novoa 658-6565 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cultivate Agricultural Intelligence, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L20000021266	ompany were filed on 1/14/2020	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following: 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 Company," the designation "LLC" or the abbreviation "LLC." 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 Florida Florida		
Enter new principal offices address, if applicable:		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oddre.	SS
 -	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, I hereby confirm that the limited liability company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Marybel Defillo	3680 Avalon Park E. Blvd Ste. 300	= Add
		Orlando, FL 32828	□Remove
			□Change
VP/SEC Cynthia Novoa	Cynthia Novoa	3680 Avalon Park E. Blvd Ste.300	≣ Add
		Orlando, FL 32828	□Remove
			□Change
			🗆 Add
			Remove
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`an ei <u>{ote:</u>	ive date, if other than the date of filing:
recos d is fi	rd 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 led.
Dated	May 5 2020

Filing Fee: \$25.00