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COVER LETTER

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CHDIECT.	FELDA NU	JRSERY LLC		•
SUBJEC. U		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		PAULINO A ANTONIO		
			Name of Person	
		FELDA NURSERY LLC		
			Firm/Company	
		174 MORRIS TAYLOR R	D	
		11-	Address	
		FELDA, FL 33930		
			City/State and Zip Code	
		PAULINOANTONIO90@0		
tīve Greebse i	in the marketing and	E-mail address: (oncerning this matter, please o	to be used for future annual report n	otification)
PAULINO.	A ANTONIC)	239 867-6759 at ()	
	Name o	f Person		ime Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25,00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	Section	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FELDA NURSERY LLC

2022 SEP 13 PH 1:58

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

The Articles of Organization for this Limited Liability Company	were filed on 04/03/2020	and assigned $\frac{1}{2}$ k
Florida document number 1.20000096093		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FELDA NURSERY AND LANDSCAPING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	174 MORRIS TAYLOR RD	
(Principal office address MUST BE A STREET ADDRESS)	FELDA, FL 33930	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Ciţ	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.

Effective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed seament's effective date on the Department of State's records. The 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 is filed. AUGUST, 29TH 2022 Palate Automatisps, (NS) 1:03 [01] Signature of a member or authorized representative of a member.			<u> </u>		
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Filing Fee: \$25.00