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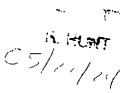
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	PANAMA FARO	as LLC	
Sobject.	Name of Lin	nited 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:	
	MARK	HARRISON Name of Person	
	Panama	FARMS LLC	
	120.7 0	0 1	1
		ROSPER DRÍVE	
	_ SOUTH BORD	H, F1, 32409 City/State and Zip Code	
	MHFINMA	NOAUL, COM to be used for future annual report not	$ \dot{\mathbb{C}} $
For further information c	E-mail address: (oncerning this matter, please c		ification)
Mark 11		PC 201	
Nume o	f Person	at (850) 38/ Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	Tallahassee
Tallahassee, I	°L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANAMA FA	Y Company as it now appears on Limited Liability Company)	our records.)
(A Florida	Limited Liability Company)	<u>, , , , , , , , , , , , , , , , , , , </u>
The Articles of Organization for this Limited Liability Co.	ompany were filed on _5/_	$\frac{15/24}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
PANAMA FARMS AND TA	ackle LLC	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		:3
Planning dudress PETE DETET ON OF THE DOWN		C h
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
	Ciņ	Zip Cock

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

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
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
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effective date is listed, the te : If the date inserted in	nan the date of filing: date must be specific and ean this block does not me on the Department of Sta	unnot be prior to date of ct the applicable stat	tiling or more than 90 da	(optional) ys after filing.) Pursuant to 605 its, this date will not be list
record specifies a d he 90th day after t	lelayed effective da he record is filed.	te, but not an ef	fective time, at 12	:01 a.m. on the earlie
cd <u>5/15/</u>	24			
w				
u		11.66	-	

Page 3 of 3

Filing Fee: \$25.00