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TO:

Tallahassee, FL 32314

	egistration So ivision of Cor			
etib iliza		FARMS LLC		
SUBJECT	:	Name of Lim	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		TIMOTHY W OLAH		
			Name of Person	
		ETERNAL FARMS LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		292 CASORA DR		
			Address	
		CRAWFORDVILLE, FL	32327	
			City/State and Zip Code	
		debbielolah@yahoo.com		
р с .			to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	ail;	
debbie ola	h		850 728-6966 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	he following amount:		
□ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address:	ation
Registration Section Division of Corporations		Registration Section Division of Corporations		
	.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETERNAL FARMS, LLC (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 $\frac{05/06/2020}{1}$ and assigned Florida document number L20000122170 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 "L.L.C." 399 ARRAN RD Enter new principal offices address, if applicable: CRAWFORDVILLE, FL 32327 (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

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

Title	<u>Name</u>	Address	Type of Action
MGR	TIMOTHY W OLAH	292 CASORA DR, CRAWFORDVILLE FL 32327	= Add
			□Remove
			☐ Change
MGR	JEFFREY A JANSEN	16045 LOS Alinas et GCANAS~ HINS, CA 9/344	= Add
			□Change
Secretar	Debie L datt	292 CASURA Dr Crawfurduille, F1 J0J0>	<u>E</u> Add
			□Remove
		····	□ Change
			🗆 Add
		<u></u>	□Remove
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to block does not meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) Purequirements, this date will	rsuant to 605.0207 (, not be listed as th
		ne. at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
	tive date, but not an effective tim		` '	•
rd is filed. Dated MAY 11	. 2020		` '	•
Dated MAY II	2020 Grand (a)	_•		·
rd is filed. Dated MAY 11	. 2020	_•		

Filing Fee: \$25.00