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TO:

	Registration Sc Division of Cor				
SUBJEC	Coast 2 Coa	ist H2A Labor Services, LLC			
SOBJEC	'	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Joshua O. Dorcey			
			Name of Person		
		The Dorcey Law Firm, PL	С		
			Firm/Company		
		10181-C Six Mile Cypress	Pkwy.		200
		, , , , , , , , , , , , , , , , , , , ,	Address		Janu Ti
		Fort Myers, Florida, 33966			·-
			City/State and Zip Code	 .	•
		registeredagent@dorceylaw			
			to be used for future annual report noti	fication)	rs.
For furthe	er information co	oncerning this matter, please ca	all:		
Joshua O	. Dorcey		239 418-0169 at ()		
	Name of	Person		e Telephone Number	_
Enclosed	is a check for th	e following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
] 	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coast 2 Coast H2A Labor Services, 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 $\frac{05/22/2020}{2}$ _____ and assigned Florida document number 1.20000140148 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coast 2 Coast H-2A Labor Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

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, 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
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<u></u> 11 tito o	e, if other than the cate is listed, the date must late inserted in this blooffective date on the Dep	ck does not meet ti	ne applicable sta	of filing or more than stutory filing requi	(optiona 190 days after filit rements, this da	ol) ng.) Pursuant to 605.03 te will not be listed
ord specifiled.	fies a delayed effective	date, but not an ef	fective time, at	12:01 a.m. on the	carlier of: (b)	The 90th day after the
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Filing Fee: \$25.00