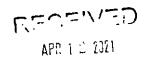
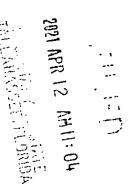


Office Use Only







COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: AC	micultival t	Hauling LLC ited Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Johann	Name of Person I Hauling LCC Firm/Company	
	•	Name of Person	
	Agricultura	I Hauling LCC	
		Firm/Company	
	P.O.	Box 1488 Address	
	Loxahatci	hee, FL 3347	10
		Gity/State and Zip Code	
	JOHANNA (E-mail address: M	Gity/State and Zip Code WELLING FOR GG We used for future annual report polif	~ C.OVT
For further information co	oncerning this matter, please ca		
Johanna	Torres	at (501) 877 Area Code Daytime	1 - 9427
Name of		Area Code Daytime	Telephone Number
Enclosed is a check for th	-		
☑ \$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)
Mailing Address		Street Address:	4ia
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Agricultural Haulin	g LLC				
AGIICULTURAL PLAULING (Name of the Limited Liability Compa (A Florida Limited L.)	ny as it now appears hability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number $\angle 2000/470.38$	were filed on	5/29/20	an	ıd assigı	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC" or the	abbreviation	on "L.1(c."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:				9n91	
(Mailing address MAY BE A POST OFFICE BOX)			25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 R 12	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our rec	cords, <u>enter the n</u>	ame of th	Anew i	registered
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:	Enter Floria	la street address			
	City	Florida	Zip (
New Registered Agent's Signature, if changing Registered Agent:					

A

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
MGR	Johanna Torres	P.O. Box 1488	t⊋∕Add
		P.O. Box 1488 Loxahatchee FL. 3	3470 □Remove
			□Change
			□Add
			□Remove
			Change
		ਦੇ	Filkemove
			Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change
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			□Change

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Filing Fee: \$25.00