## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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Per the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gaston@optimumagri.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENERATION FARMS PRODUCE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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A. LUNT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Generation Farms Produce LLC			
(Name of the Limited	d Liability Compa A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia El20000170482 Florida document number	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	wing:		SF DIVIE 2
A. If amending name, enter the new name of	the limited liab	ility company here:	Sior
Optimum Agriculture Produce LLC			E ZE
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L. C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		333 SE 2nd Avenue	<b>3</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Suite 2810	DR AN
		Miami, FL 33131	710 23
		<del> </del>	5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		333 SE 2nd Avenue	
		Suite 2810	
		Miami, FL 33131	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office s here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	Optimum Capital Inc.		
	333 SE 2nd A	venue, Suite 2810	
New Registered Office Address:		Enter Florida street address	
	Miami	Floric	33131 da
		City	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.

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	Name OPTIMUM AGRICULTURE FLORIDA LLC	Address 333 SE 2ND AVENUE	Type of Action
AMBR 			□Add
		MIAMI, FL 33131	□Remove
			<b>≡</b> Change
			□Add
			□Remove DIVSEURE CHARGE ON COMMENT
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