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(((H23000070347 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Second submission - Please honor original 2/23/2023 submission date.

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Email Address: maddic@csfamilyfarms.com

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T. LEMIEUX MAY 1 0 2023 Fax Audit # H23000070347 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.J.S. AG. ELC			
(Name of the Limited Liability Compa (A Florida Limited)	any as ji now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	eles of Organization for this Limited Liability Company were filed on 10/2/2020 and assigned ocument number		
This amendment is submitted to amend the following:	and the following: we name of the limited Hability company here: outsin the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6309 Corporate Ct Unit 201 Fort Myers, Florida 33919 cable: OFFICE BOX) fort Myers, Florida 33919 t and/or registered office address on our records, enter the name of the new registered lice address here: gent:		
A. If amending name, enter the new name of the limited liab	llity company here:		
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Unit 201		
	Fort Myers, Florida 33919		
Enter new mailing address, if applicable:	6309 Corporate Ct		
(Mailing address MAY BE A POST OFFICE BOX)	Unit 201		
	Fort Myers, Florida 33919		
B. Humanding the registered point and/or registered office	address on our records enter the name of the new registered		
agent and/or the new registered office address here:	address on the records, <u>enter the mane of the register es</u>		
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	= N		
	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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

From: Alexis Gregor

Fax Audit # H23000070347.3

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>	Name	Address	Type of Action
AMBR	Stephen Sexton	6309 Corporate Ct	CIAdd
		Unit 201	□Remove
		Fort Myers, Florida 33919	X IChange
AMBR	Madeline Sexton	6309 Corporate Ct	
		Unit 201	
		Fort Myers, Florida 33919	⊠ Change
			🗆 🗆 Add
			[]Remove
			OChange
			DAdd
			[]Remove
			EIChange
		<u> </u>	DAdd
			⊡Remove
			ШСIвоуе
			iDAdd
			□Remove
Fax Audit # II	23000070347 3		UChange

Fax Audit # [123000070347 3

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effective date is i : If the date is	other than the date of filing: (optional) issed, the date must be specific and counci be poor to date of filing or more than 90 days after filing.) Pursuant to 605,0207 to userted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if we date on the Department of State's records.
ord specifies a filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
.d	February 20 2023
d	SH
	Spenature of a member or anthonized representative of a member
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