

2/23/23, 8:07 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

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From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
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Email Address: maddie@csfamilyfarms.com

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S.J.S. AG, LLC

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MAY 10 2023

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.J.S. AG, 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 10/2/2020 and assigned  
Florida document number L20000311249

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."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6309 Corporate Ct

Unit 201

Fort Myers, Florida 33919

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6309 Corporate Ct

Unit 201

Fort Myers, Florida 33919

**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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stephen Sexton	6309 Corporate Ct	<input type="checkbox"/> Add
		Unit 201	<input type="checkbox"/> Remove
		Fort Myers, Florida 33919	<input checked="" type="checkbox"/> Change
AMBR	Madeline Sexton	6309 Corporate Ct	<input type="checkbox"/> Add
		Unit 201	<input type="checkbox"/> Remove
		Fort Myers, Florida 33919	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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