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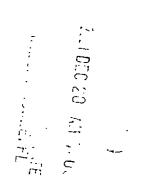
| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|---|--|
| SUBJECT: <u> W.C</u> | St Florida Mice Name of Lim | rogreens LLC ited Liability Company | • |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Viky Balia | Name of Person | |
| | West Florida | Microgreens LLC | |
| | 1973 11" St | SW: Suite A | ······ |
| | Lujo | FL 33778 City/State and Zip Code | |
| | | Usbantarms Imaile | ication) |
| For further information of | concerning this matter, please ca | all: | |
| Viky Name o | Balian of Person | at (77) 276 Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| \$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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| West Florida Microsce (Name of the Limited Liability Compani (A Florida Limited Liability) | LY as it now appears on our records.) 12 as it now appears on our records. |
|---|---|
| The Articles of Organization for this Limited Liability Company with Florida document number 22000332459 . | were filed on 10 20 70 20 - and assigned E |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| West Florida Urban Farms LLC The new name must be distinguishable and contain the words "Limited Liability | ly 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 adagent and/or the new registered office address here: | Idress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature if changing Registered Agent. | сау гр сове |

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

. 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 |
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| n effecti o <u>te:</u> If i | date, if other than the date of filing: |
| ccord spis filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ted | December 16, 2021. |
| | Signature of a member or authorized representative of a member |
| | |