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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Friendly Plarms LLC</u> Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harry B. Snive/y IV
Name of Person
Ero Friendly Pharms LLC Firm/Company
Firm/Company
4214 Hamingar Dr Address
Address
Winter Haven, FL 33881 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Harvey B. Snively at (863) 287-5796 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee

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

Eco Friendly Phaim	shLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>上入10000 え2069</u>	y were filed on 1 1821	and assigned
Florida document number <u>L210000 22068</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lial <u>Eco Frendly Farm LLC</u> The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:		THIS Y
A. If amending name, enter the new name of the limited lial	bility company here:	
Foo Friendly Farm LAC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.E."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		· A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 1394 Luly Wales, F.	L 33853
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		P124.
·	City	, 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.

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
MGR			□Add
			□Remove
			□Add
			Remove
			□Change
			□Add
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			□Change
			□Add
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			□Change

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Francisco de Ares (Francisco Abrello de Area of Cilina)	(autional)
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after th
Rowrey 3. Smiry Signature of a member or authorized	
2/ 3 S - ST	
Signature of a member or authorized	d representative of a member