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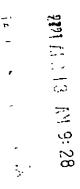
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: A	MV Farms	LLC		
SUBJECT:	Name of Limi	ited Liability Company	·····	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	hurt Mich	Name of Person	ouis	
SUBJECT: KM, V Farms LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:    KM, V Farms LLC				
	8255 W. S	Sunrise Blud Address	-suite 107	
	fort lauder	dale FL 3333	<del>23-</del>	
	Kurtmicho E-mail address; (i	re 1260 amail. C	OM fication)	
For further information	concerning this matter, please co	ıll:		
Kurt Loi	U15	at (786) 663	7063	
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre		Street Address:	Mion	
Registration Division of C		Registration Sec Division of Cor		
P.O. Box 63	•	The Centre of T	•	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K.M.V Farms, LLC

(Name of the Lim	ted Liability Company as it now (A Florida Limited Liability Co	wappears on our records.) mpany)	
The Articles of Organization for this Limited I		don January 13, 7	<u>D21</u> and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	oany here:	
			<u></u> ~2
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation L.L.C.
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE)	ET ADDRESS)		
			9.
Enter new mailing address, if applicable:			: 22
(Mailing address MAY BE A POST OFFICE	ROX)		:
100000000000000000000000000000000000000			
B. If amending the registered agent and/or agent and/or the new registered office addre		n our records, enter the n	ame of the new registered
Name of New Registered Agent:	hurt Micha	el Maycock -	Louis
New Registered Office Address:	8255 W.Sur	MSE Blvd. He Inter Florida street address	<u> </u>
	Plantation Circ		33322 Zw 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kurt M. Louis	8255 W. Sunrise Blud Sutte 107	□Add
		Plantation FL 33322	□Remove
			[V]Change
MGR	hurt Michael Mayeach-Louis	8255 W. Sunrise Blud.	[ <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Plantation FL 33322	
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reffective date is listed te: If the date insert	er than the date of , the date must be speci ed in this block does ate on the Departme	ific and canno s not meet th	ot be prior to he applicab	date of filing (	or more than 90	(optio days after nents, this	illing.) Purs	uant to 605.0. not be listed
cord specifies a dela s filed.	yed effective date, b	ut not an ef	fective time	r, ar 12:01 a.	m, on the ear	lier of: (b)	The 90t	h day after t
	- a-							
	T Mics Signatur	. 4			<i>,</i> ,	_		