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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Humphrey Hemp For Name of Limited Liability	2 Company
The enclosed Articles of Amendment and fee(s) are submitted for	nting.
Please return all correspondence concerning this matter to the follo	owing:
<u> </u>	Humphrey The of Person
Humphrey Hem	D Farms (LC)
677 NWadningto	on Blud Ste. 109
Barasota, FL, City/State	342360 e and Zip Code
Ghumbreus E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please call:	
CIOOCINI Humphrey at (Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cert	00 Filing Fee & S60.00 Filing Fee Striffied Copy Certificate of Striffs & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	is in the component of
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2100083171</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the </u>	name of the paw registered
New Registered Office Address:		SEE SEE
	Enter Florida street address, Florida	72
	City	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
NGB	Jahoby Humphrey	677 N Walshington Blud S Barasota, FL 34236	<u>Fe. 109</u> □Add
		Barasota, FL 34236	Plemove
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ffective date, if other than the date of filing:	optional) after filing.) Pursu , this date will n	iant to 605 of be list	5.0207 (3 ed as th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.	f: (b) The 90th	day afte	r the
ared August 4 . 2002.			
Signature of a member or authorized representative of a member			