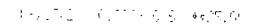
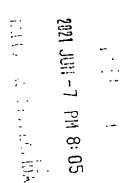


(Requestor's Name)
(Address)
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(1.001035)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration 5 Division of Co			
	A HARVEST LLC		
SUBJECT:	Name of Lun	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	condence concerning this matter		
	alma estela baraja	AS	
		Name of Person	
		Firm/Сопъраву	
	3983 HWY 441 SE		
		Address	
	OKEECHOBEE, FL 3497	3	
		City/State and Zip Code	
	F-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c		
KARINA LUEVANO		863 464-9774	
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration So	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassec		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW ERA HARVEST LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny a <u>s it now appears on our reco</u> lability Company)	<u>ı ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000251098		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
		7
Enter new mailing address, if applicable:		.: P
(Mailing address MAY BE A POST OFFICE BOX)		89
		05
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florula street add	ress
	,	Florida
	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 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
AMBR	JESUS BARAJAS	3983 HWY 441 SE	🖥 Add
		OKEECHOBEE, FL 34973	Remove
			□Change
AMBR	Alma E Barajas	3983 HWY 4415E	iJKād
		3983 Hwy 4415E Okpechober, Fl349	73 🗆 Remove
			(DChange
			2024 DA JUH
			Ránove
			E DAM
			[]Remove
			Change
			□Add
			□Remove
			[] Change
-			[] Add
			ClRemove
			□Change

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				PM 8: 05
				8: 05 8: 05
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Tective date, if other than the date in effective date is listed, the date must be state. If the date inserted in this block comment's effective date on the Depart	does not meet the appu	or to date of filing or cable statutory fili	option (option of the contract	onal) filing.) Pursuant to 605.0 date will not be listed
ecord specifies a delayed effective dat is filed.	te, but not an effective	time, at 12:01 a.m	on the carlier of: (b) The 90th day after
ucd <u>6 2</u>	, 2021			
A = A	maria .			
Lrystan sign	Sougas nature of a member or ant	horized representati	e of a member	

Filing Fee: \$25.00