LZ1000314937

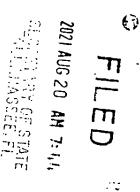
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	T:	RD	Herbicic	de LLC oility Company
Dear Sir	or Madam:			
The encl	osed Statement	of Correction and fee(s) a	tre submitted for filin	ម្ន.
Please re	turn all corresp	ondence concerning this r	natter to the followin	g:
R	amir	Name of Person	Pineda	_
~		Firm-Company		_
130	<u> </u>	33rd St Address	- ,	_
Fo	ort pie	TYCE + State and Zip Code	34947	-
	"S clove nail address: (to	be used for future annual	Gradus Grant notification)	-
For furth	er information o	concerning this matter, pl	ease call:	
.\x	is D	OOV CU of Person	at ()772 Atea Code) 221 0865 Daytime Telephone Number
	Mailing Addre Registration Division of O P.O. Box 63. Tallahassee.	Section Torporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
		the following amount:		
V2S25 F	lling Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RD Herbic	ide LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Er	<u>y as it ño∜ appears on our records.</u> ability Company)	.1
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2100314937</u>	vere filed on 19120	<u>all</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile PD Agriculture Maintee The new name must be distinguishable and contain the words "Limited Liability".	enance, LLC	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1309 S 33 Fort pierc	3rd St ef1 34947
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	2021 AUG 20 SECTE AUG 20
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter t</u> i	he namPosthe new reserved
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	idaZyr Cale

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 recoprovisions 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 filled 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	
$\Lambda MBR =$	Authorized	Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	
			13Change
-			
			TRemove
			Z.Remove
-			
			Li Change
			Zi Add
			T.Change
			
			Chance

	-
(If an effective date is listed Note: If the date inser	ther than the date of filing: 8 0 200 (optional) d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 reed in this block does not meet the applicable statutory filing requirements, this date will not be listed as a fact on the Department of State's records.
the record specifies a delected is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated 8 16	12021
·	RAMINO DOUAL PINEDA Signature of a member or authorized representative of a member
	AMIVO DOVAL gived A. Typed or printed name of signee

Filing Fee: \$25.00