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## **COVER LETTER**

TO: Registration : Division of Co			
	SAMA AG, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Stephen Wolfe		
		Name of Person	
		Firm/Company	
	5101 HIGHWAY 4		
	JAY, FL 32565	Address .	
		City/State and Zip Code	
	swolfe@panhandle.rr.com	Only state and sup code	
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all;	
Stephen Wolfe		850 336-0606 at ( )	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63	327	The Centre of	
Tallahassee,	, FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLODADAMA ACLIC

FLORABAMA AG, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	
Florida document number L21000325429	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
ALABAMA FARMS, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	2
	•
Enter new mailing address, if applicable:	:
(Mailing address MAY BE A POST OFFICE BOX)	·n
B. If amending the registered agent and/or registered office address on our	r records, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	lorida street address
	, 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.

Cuy

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRENDA L. WOLFE	5101 HIGHWAY 4, JAY FL 32565	□Add
			Remove
			☐ Change
			□Remove
			□Change
		_	□Add
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□ Change
	<u> </u>		
			□Remove
			□Change
			□Remove

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of Act	
			□Rer	
			□ <b>A</b> d	
			□Rer	
			□Ad	
			Rer	
			□ <b>A</b> d	
			□Rer	
			□ <b>A</b> d	
aforementioned an	he law of which this entity is orga	y the official having custody of records		