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TO:

TO;	Registration Sec Division of Corp					_	> *	5 .
671 11 3 T #	AgTech Flor	ida LLC			•	. *		
SUBJE	:CI:	N	lame of Limi	ted Liability Company	,			
The en	closed Articles of A	mendment and fe	e(s) are subr	nitted for filing.				
Please	return all correspon	dence concerning	this matter t	o the following:				
		ADITYA KUL	KARNI					
				Name of Person	1		_	
		AgTech Florida	LLC					
				Firm/Company			_	
		17523 BUCKI	NGHAM GA	ARDEN DR				
				Address	, , , , , , , , , , , , , , , , , , , 		_	
		LITHIA, FL 33	547					
				City/State and Zip C	ode		_	
		agtechflorida@g		o be used for future an	nual report notifi	ication)		
For fur	ther information cor				· ·	,		
ADIT	YA KULKARNI			614 at (2709464			
	Name of	Person		Area Code	Daytime	Telephone Numb	er	
Enclos	ed is a check for the	following amount	t:					
≡ \$2	5.00 Filing Fee	S30.00 Filing Certificate o		□ \$55.00 Filing Certified Cop (additional copy	ý	Certifie	ate of State	us &
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations		Reg Div The 241	et Address: eistration Sec ision of Corp Centre of Ta 5 N. Monroe	oorations allahassee Street, Suite	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AgTech Florida LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on June 14, 2022	and assigned
Florida document number 1.22000271143		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	as address on our resembs ontor the name	of the new registers
gent and/or the new registered office address here:	ce address on our records, enter the name	of the new registere
Name of New Registered Agent:		
Navy Dugistaned Office Address		
New Registered Office Address:	Enter Florida street address	2022 51.1
	, Florida	20 -
_	City	Zip Code 1
New Registered Agent's Signature, if changing Registered Age	ent:	9 +
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and completed accept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and I am fa as provided for in Chapter 605, F.S. Or, i	miliar with and fthis document is

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>	<u>Address</u>	Type of Action
AMBR	NARESH VIRADIYA	7507 YARDLEY WAY	□Add
		TAMPA, FL 33647	■Remove
			□Change
AMBR	VISHAL PATIL	3109 BUFFINGTON PLACE	□ Add
		OVIDEO, FL 32765	■Remove
			□Change
AMBR	PANKAJ ANDHALE	386 SOUTH BURNSIDE AVE, APT 9E	□Add
		LOS ANGELES, CA 90036	■Remove
			□Change
AMBR	NEERAJ KUMAR	13809 LAKE FISHHAWK DR	≣Add
		LITHIA, FL 33547	□Remove
			□Change
AMBR	Ramanjulu Naidu Karapakula	12906 S CR 39	= Add
		LITHIA, FL 33547	□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amo	ending any other information	enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>		becific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(loes not meet the applicable statutory filing requirements, this date will not be listed as the
the recorecord is fi		e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
D. C.		
Dated		
		Orlitzakulkami
	Sign	ature of a member or authorized representative of a member
	ADITYA KULKARNI	
		Typed or printed name of signee