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(((H23000123767 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

 $\omega^{\bullet \bullet}$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Fm211	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AH IRRIGATION LLC

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T. LEMIEUX

To: 18506176383 From: 12147128131 Date: 04/03/23 Time: 2:09 PM Page: 02/04

(((H23000123767 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AH IRRIGATION LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability (Company)	
	ny were filed on 09/16:2022	and assigned
his amendment is submitted to amend the following:		
The Articles of Organization for this Limited Liability Company were filed on 09/16/2022 and assigned Florida document number L2000405579 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		4
	₹,	~ <u>~</u>
		,,, -
	ce address on our records, enter the nar	ne of the new registe
gent and/or the new registered office address here:		င်္သ င
Name of New Registered Agent:		
		-
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cav	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.

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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	SANDRA NOMES	8327 EAST MISSIONWOOD DRIVE	□Add
		MIRAMAR, FL 33025	
			Change
			TRemove
			[]Change
			Change
			DAdd
			(□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			ElChange

To: 18506176383 From: 12147128131 Date: 04/03/23 Time: 2:09 PM Page: 04/04 (((H230001237673)))

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If the record specifies a delayed record is filed.	effective date, but not an effectiv	ve time, at 12:01 a.m. on the c	arlier of: (b) The 90th day after	the
March 20th Dated	/2023			
		 ·		
	Signature of a member of	authorized representative of a me	mber	

Typed or printed name of signee