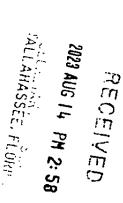
L23000094392

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700412721247



5. ROZERTS

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

RETURN/FORWARDING INSTRUCTIONS:

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

ACCOUNT NUMBER: 120050000052

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 8/14/2023	PRIORITY Regular Approval	OUR REF_#_(Order_ID#)] 1170215
ORDER ENTITYAGRI-SOURCE, LLC		
PLEASE PERFORM THE FOLLO AGRI-SOURCE, LLC (FL)	WING SERVICES:	
File the attached amendment		
NOTES:\$25.00 Authorized		

INX

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 14, 2023 Page 1 of 1

COVER LETTER

TO:

TO: Registration Se Division of Cor			
Agri-Sourc	e, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebecca Saferstein, Senio	r Paralegal	
		Name of Person	- . -
	Arnall Golden Gregory LI	_P	
		Firm/Company	
	171 17th Street, NW, Suite	2100	
		Address	
	Atlanta, GA 30363		
	-	City/State and Zip Code	
	jdavis@broadcrest.com		
For further information c	n-mail address: (to be used for future annual report no all:	(theation)
Rebecca Saferstein		404 870-5604	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee,	tt. 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agri-Source, LLC			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited 1	iability Company were fi	iled on 03/01/2023	and assigned
Florida document number L23000094392			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		20
(Principal office address MUST BE A STREET ADDRESS)			
			·
			9
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			5.
· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or agent and/or the new registered office addre		s on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	Incorporating Services.	, Ltd.	
New Registered Office Address:	1540 Glenway Drive		
		Enter Florida street address	
	Tallahussee	Florid	a 32301
	Cit	<u> </u>	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.

f 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
MBR	Organics Management Holdings, LLC	1650 County Road 470	■Add
		Okahumpka, FL 34762	□Remove
			□Change
MGR Browne Spencer I	Browne Spencer Holdings, LLC	1051 Boylston Street	□Add
		Leesberg, Ft. 34748	■ Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□ Add
			Remove
			□ Chouse

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_	
n effec <u>ete:</u> Ti	e date, if other than the date of filing:
ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1
	1 11
ted _	Avers 14 , 2023.
.ted	Signature of a member or authorized representative of a member

Filing Fee: \$25.00