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SECRETARY OF STATE

## **COVER LETTER**

|  | arnis LLC                       |                                       |                         |
|--|---------------------------------|---------------------------------------|-------------------------|
| SUBJECT:   | Name of Lin                     | nited Liability Company               |                         |
| The enclosed Articles o  | f Amendment and fee(s) are sub  | omitted for filing.                   |                         |
| Please return all corresp  | oondence concerning this matter | to the following:                     |                         |
|  | C. Weston Wenner                |                                       |                         |
|  |                                 | Name of Person                        |                         |
| Division of Corporations  Wenner Farms LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  C. Weston Wenner  Name of Person  Firm/Company  1675 REDSTONE CENTER DR SUITE 150-23  Address  PARK CITY. UT 84098  City/State and Zip Code  Schaft Grant Schaft |                                 |                                       |                         |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  C. Weston Wenner    Name of Person  |                                 |                                       |                         |
|  |                                 | Address                               |                         |
|  | PARK CITY, UT 84098             |                                       |                         |
|  |                                 | •                                     |                         |
|  | F-mail address:                 | WENNER FARMS C                        | O @ GMATL-CAM           |
| For further information  |                                 |                                       | omication)              |
| Michael S. Messenger   |                                 |                                       |                         |
| Name   | of Person                       |                                       | ime Telephone Number    |
| Enclosed is a check for  | the following amount:           |                                       |                         |
| ■ \$25.00 Filing Fee   |                                 | Certified Copy                        | Certificate of Status & |
|  |                                 | · · · · · · · · · · · · · · · · · · · | Section                 |
| Division of  | Corporations                    | Division of C                         | orporations             |
|  |                                 |                                       |                         |
| i ananassee,   | 11, 34314                       | 2410 IN. MODI                         | oc ancer, anne arv      |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wenner Farms LLC   |  |   |
|--|--|---|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited )   | ny as it now appears on our record<br>liability Company)   | <u>(x.)</u>   |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000153823</u>  | were filed on 03/27/2023   | and assigned  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |   |
| Wenner Ag LLC  |  |   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC  | " or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |  | <b>202</b><br>SE  |
|  |  | 2024 API  |
|  |  |   |
| Enter new mailing address, if applicable:  |  | AS <b>6</b> F   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u> </u>  |
|  |  | 3. S. T. S. |
|  |  | <b>9</b>  |
| B. If amending the registered agent and/or registered office a   | address on our records, <u>enter</u>   | the name of the new registered  |
| agent and/or the new registered office address here:   |  |   |
| Name of New Registered Agent:  |  |   |
|  | T1+2-1-  |   |
| New Registered Office Address:   | Enter Florida street addres  | ×   |
|  | -  |   |
| <del></del>  | , Flo  | orida<br>Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  | •  | •   |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capacity. I fu<br>performance of my duties, ar<br>provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is  |
| If Char  | nging Registered Agent, Signature o  | f 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> | Name        | Address      | Type of Action |
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| ective date, if other than the date of filing effective date is listed, the date must be specific and te: If the date inserted in this block does not cument's effective date on the Department of | id cannot be prior to date<br>meet the applicable st | of filing or more than 90 ( |                        |              |
| cord specifies a delayed effective date, but no s filed.   | ot an effective time, at                             | 12:01 a.m. on the earli     | er of: (b) The 90th da | y after the  |
| ed March 26  | 2024   |                             |                        |              |
| Minn   | ··   | <del></del>                 |                        |              |
|  |  | presentative of a member    |                        |              |

Filing Fee: \$25.00

Typed or printed name of signee