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(Reque	estor's Name)	
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(City/S	itate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

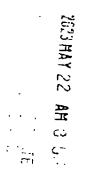




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7/18/23 VIN



COVER LETTER

	gistration Se vision of Cor			
		ORIZON FARMS, LIMITED I	JABILITY COMPANY	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	π all correspo	ndence concerning this matter	to the following:	
		Ryan E. Willits		
			Name of Person	
		Willits & Associates, P.A.		
			Firm/Company	
	2325 N. Ocean Blvd., Second Floor			
			Address	
		Boca Raton, FL 33431		
			City/State and Zip Code	
		ryan@floridadirtlawyers.cc		
			to be used for future annual report	notification)
For further	information c	oncerning this matter, please ca	all:	
Ryan E. W	illits		561 353-2400 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address Registration	_
Registration Section Division of Corporations		Registration Section Division of Corporations		
	O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVENT HORIZON FARMS, LIMITED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 28, 2023 and assigned Florida document number _____L23000211123 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Event Horizon Farms, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: ಯ (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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
			□Add
			□Remove
			□Add
			□Remove
			□Change
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			□Remove
		∏ Change	

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Filing Fee: \$25.00