Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000023054 3)))



H240000230543ABCU

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169

Fax Number : (239)418-0048

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |
|-------|----------|--|
|       |          |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARDWAY FARMS, LLC

PET CHELLY EN 12: 55
124 JEH 17 FILIZE 55

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu K. SALY Help

JAN 1 8 2024

(((H24000023054 3)))

|                 | Registration Se<br>Division of Cor |  |                                   |   |
|-----------------|------------------------------------|--|-----------------------------------|---|
| SUBJEC          | Hardway F                          | arms, LLC                                      |                                   |   |
| SUBJEC          | ·!i                                | Name of Lim                                    | nited Liability Company           |   |
| The enclo       | osed Articles of                   | Amendment and fee(s) are sub                   | omitted for filing.               |   |
| Please re       | turn all correspo                  | ondence concerning this matter                 | to the following:                 |   |
|                 |                                    | Luca Di Nunzio                                 |                                   |   |
|                 |                                    |  | Name of Person                    | Nume of Person  Firm/Company Suite C  Address  y/State and Zip Code  iscd for future annual report notification) at ( |
|                 |                                    | Dorcey Law Firm                                |                                   |   |
|                 |                                    |  | Firm/Company                      |   |
|                 |                                    | 10181 Six Mile Cypress P                       | kwy, Suite C                      |   |
|                 |                                    | ·  | Address                           | <del></del>   |
|                 |                                    | Fort Myers, FL 33966                           |                                   |   |
|                 |                                    |  | City/State and Zip Code           |   |
|                 |                                    | Support@dlfregisteredagen<br>E-mail address: ( |                                   | ort notification)   |
| For furth       | er information c                   | oncerning this matter, please c                |                                   | ,   |
| Luca Di         |                                    |  |                                   | 073   |
|                 | Name o                             | f Person                                       |                                   | Daytime Telephone Number  |
| Enclosed        | is a check for th                  | ne following amount:                           |                                   |   |
| <b>■</b> \$25.0 | 00 Filing Fee                      | S30.00 Filing Fee & Certificate of Status      |                                   | Certificate of Status d) Certified Copy   |
|                 | Mailing Addres                     |  | <u>Street Addr</u><br>Registratie |   |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## DocuSign Envelope ID: 63EFB1BB-7882-434F-AC56-108E7670A535 ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF AMENDMENT TO (((H24000023054 3)))  ARTICLES OF ORGANIZATION OF  Hardway Farms, LLC  (Same 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 Florida document number 123000509775  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:  Senter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Naples, FL 34110  Enter new mailing address if applicable:  Senter new mailing address if applicable:  Senter new mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered usent and/or the new registered Agent:  New Registered Office Address:  Finer Florida street address.  Finer Florida street address.  Finer Florida - Tip Code  Sew Registered Agent's Signature, if changing Registered Agent:   | : Joshua Dorcey - Fax; 12394180046 To: Sunbiz effic account (LLC): suSign Envelope ID: 63EFB1BB-7882-434F-AC56-108E7670A535 ARTICLES OF |                                  | Page: 3 of 5    | 01/17/2024 11:57 AM     |
|--|---|----------------------------------|-----------------|-------------------------|
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   |   | =                                | (((H24000       | 0023054 3)))            |
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   |   |                                  |                 |                         |
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   | O   | )F                               |                 | m 4 1                   |
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   |   |                                  |                 |                         |
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   | •   | in or it now annous on our       | du              |                         |
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   | (A Florida Limited  | Liability Company)               | ręcoras.)       |                         |
| Florida document number  L23000509775  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 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code   | The Articles of Overningtion for this Limited Liebility Comment   |                                  |                 | 30%                     |
| 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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida Zip Code  |   | were filed on                    | ··              | and assigned            |
| 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 "L.L.C." 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:  (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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida Zip Code   | Florida document number 1223000303773   |                                  |                 |                         |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  5660 Strand Court A88  Naples, FL 34110  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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  City  Zip Code   | This amendment is submitted to amend the following:   |                                  |                 |                         |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  5660 Strand Court A88  Naples, FL 34110  Enter new mailing 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 agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address   |   |                                  |                 |                         |
| 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 agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:  | A. If amending name, <u>enter the new name of the limited liab</u>  | ility company here:              |                 |                         |
| 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 agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:  |   |                                  |                 |                         |
| Name of New Registered Agent:   New Registered Office Address:   City   Florida   Zip Code   Zip Cod | The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation   | "LLC" or the ab | breviation "L.L.C."     |
| Enter new mailing address, if applicable:    Solution   Solution | Enter new principal offices address, if applicable:   | 5660 Strand Court A88            |                 |                         |
| 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 agent and/or the new registered office address here:    Name of New Registered Agent:   | (Principal office address MUST BE A STREET ADDRESS)   | Naples, FL 34110                 |                 |                         |
| Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address  |   |                                  |                 | <del></del>             |
| Mailing address MAY BE A POST OFFICE BOX)  Naples, FL 34110  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  City Zip Code  |   |                                  |                 | ·                       |
| Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address  | Enter non-mailing address if anniquely  | 5660 Strand Court A88            |                 |                         |
| 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  City Zip Code   | - · · · · · · · · · · · · · · · · · · ·   |                                  |                 |                         |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code  | Mailing address MAY BE A POST OFFICE BOX)   | 1100100, 115 01110               |                 |                         |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code  |   |                                  |                 | <del> </del>            |
| New Registered Office Address:  Enter Florida street address  Florida  City  Zip Code  |   | address on our records, <u>c</u> | enter the nam   | e of the new registered |
| Enter Florida street address  City  Tip Code   | Name of New Registered Agent:   |                                  |                 | <del></del>             |
| Enter Florida street address  City  Tip Code   | New Registered Office Address:  |                                  |                 |                         |
| City Zip Code  |   | Enter Florida street (           | address         |                         |
| City Zip Code  |   |                                  | Florida         |                         |
| New Registered Agent's Signature, if changing Registered Agent:  | <del></del>   |                                  | r ioriua        | Zip Code                |
|  | New Registered Agent's Signature, if changing Registered Agent:   |                                  |                 |                         |
| hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  |   |                                  | . 1 6.mh        | uaa ta gamah wish she   |

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.

If Changing Registered Agent, Signature of New Registered Agent

From: Joshua Dorcey

From: Joshua Dorcey Fax: 12394180048 To: Sunbiz etile account (LLC) Fax: (850) 617-6383 Page: 4 of 5 01/17/2024 11:57 AM

DocuSign Envelope ID: 63EFB1BB-7882-434F-AC56-108E7670A535

If amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000023054 3)))

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | Address               | Type of Action                        |
|--------------|------------------------|-----------------------|---------------------------------------|
| MGR          | Hanshaw, Daren B.      | 815 E. Main Street    | □Add                                  |
|              |                        | Immokalee. US 34142   | <b>=</b> Remove                       |
|              |                        |                       | □Change                               |
| MGR          | Letsinger, Jonathan D. | 5660 Strand Court A88 | □Add                                  |
|              |                        | Naples. FL 34110      | □Remove                               |
|              |                        |                       | <b>≡</b> Change                       |
|              |                        |                       | □Add                                  |
|              |                        |                       | □ Remove                              |
|              |                        | >                     | Change                                |
|              |                        | NASSLEET              | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
|              | <del></del>            |                       | :                                     |
|              |                        |                       | _ 🗆 Remove                            |
|              |                        |                       | Change                                |
|              | -,4=3=3                |                       | □Add                                  |
|              |                        |                       | Remove                                |
|              |                        |                       | _ 🗆 Change                            |

| If amending any                               | v other informat      | ion, enter change                         | e(s) here: (z     | ttach addition     | al sheets, if n                   | ecessary.)           |                  |     |
|---|-----------------------|---|-------------------|--------------------|-----------------------------------|----------------------|------------------|-----|
|   |                       |   |                   |                    | <u> </u>                          | · · · · · <u>- ·</u> | <u></u>          |     |
|   | _                     |   |                   |                    |                                   |                      |                  |     |
|   |                       |   |                   |                    |                                   |                      |                  |     |
|   |                       |   |                   |                    | <u> </u>                          |                      | <del></del>      |     |
| <del></del> .                                 |                       |   |                   |                    |                                   |                      | <del>-</del>     |     |
|   |                       | <del>_</del>                              |                   |                    |                                   |                      | <u> </u>         |     |
|   |                       |   |                   |                    |                                   | 1                    | <u></u>          |     |
|   |                       |   |                   |                    |                                   | 3                    | 第三               |     |
|   |                       |   |                   |                    |                                   |                      | 57.              | -   |
|   |                       |   |                   |                    | ****                              |                      | <u> </u>         |     |
|   |                       |   |                   |                    |                                   |                      |                  | _   |
|   |                       |   |                   | <u></u>            |                                   |                      | `t:'<br>————     |     |
|   |                       |   |                   |                    |                                   |                      |                  |     |
|   |                       |   |                   |                    |                                   |                      |                  |     |
| <del></del>                                   |                       |   | <del></del>       |                    | <del></del>                       |                      |                  |     |
| <del></del>                                   |                       | <del>.</del>                              |                   |                    |                                   |                      |                  |     |
|   |                       |   |                   |                    |                                   |                      |                  |     |
|   |                       |   |                   |                    |                                   |                      |                  |     |
|   |                       |   |                   |                    |                                   |                      |                  |     |
|   |                       | ··· ·· ·                                  |                   |                    |                                   |                      | <del></del>      |     |
| Effective date it                             | fother than the       | late of filing:                           |                   |                    | (n)                               | ntional)             |                  |     |
| nnective tiate, il<br>if an effective date is | listed, the date must | late of filing:<br>be specific and cannot | ot be prior to da | e of filing or mor | e than 90 days a<br>requirements, | rter filing.) P      | ursuant to 605.0 | 020 |