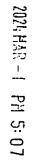


Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corporations			
SHRIFCT: AGRICLT	URAL FARM PRODUCTS LI	LC	
3010BCT		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	NOEL BROWN		
		Name of Person	
	NTB SERVICES LLC		
		Firm/Company	
	1656 GERANIUM AVE		
		Address	
	NORTH PORT,FL 34288		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please e	all:	
NOEL BROWN		at (941) 275-7785	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	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 S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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on <u>02/09/2024</u>	and assigned
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our records, enter the nam	e of the new regist
ter Florida street address	
Florida	
	appears on our records.) ipany)  on 02/09/2024  any here:  "the designation "LLC" or the ab  our records, enter the nam  ter Florida street address , Florida

## 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

Zip Code

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>	<u>Address</u>	Type of Action
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fective date, if other than	n the date of filing:
an effective date is listed, the dat ofe: If the date inserted in the	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 his block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on t	the Department of State's records.
record specifies a delayed eff	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated FEB 21	2024
	Robert Marino
	Signature of a member or authorized representative of a member
MARINO MARIN	O / AMBR - AGRICULTURAL FARM PRODUCTS LLC
	Typed or printed name of signee

Filing Con. \$25.00