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PICK-UP WAIT MAIL
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COVER LETTER

TÓ:

Registration Section

Tallahassee, FL 32314

Division of	Corporations		
CORN	MAN AGRICULTURE LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
	Matthew A Dukes		
		Name of Person	
		F: (C)	
	PO BOX 328	Firm/Company	
		Address	<u></u>
	Lake Butler, FL 32054		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	aaron@dukeslegal.com		·
	E-mail address	s; (to be used for future annual report notif	ication)
For further informati	ion concerning this matter, please	e call:	
Matthew A Dukes		352 225-1654	
Na	me of Person	Area Code Daytime	e Telephone Ne :ber
Enclosed is a check	for the following amount:		
	ce S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (ad litteral copy is enclosed)	Cer led Copy (add) onal copy is enclosed)
-	on Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	=

2415 N. Monroe Street, Sur 2 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORNMAN AGRICULTURE LLC	
(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 February 15, 2024	and assigned
Florida document number 1.24000082864	
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" -	r 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)	
آي	
	•
B. If amending the registered agent and/or registered office address on our records, enter the	e name of the new register
gent and/or the new registered office address here:	
	•
Name of New Registered Agent:	:
New Registered Office Address:	<u> </u>
Enter Florida street address	F
. Flor	- चेव
Cuy	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 furt er 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. J. 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.

i

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
AR	MATTHEW A DUKES	15190 SW 94th Circle		≣∧dd-
		Lake Butler FL 32054	······································	Remove
				□Change
MGR	Jason Cornman	2603 NW 13th St STE 547		= Add
	R MATTHEW A DUKES	Gainesviile FL 52609		□Remove
			32.	Change
				🗆 Add
				□Remove
				□Change
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Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 520 of the filing or more than 90 days after filing.) Pursuant to 605 520 of the filing requirements, the date will not be listed a locument's effective date on the Department of State's records. [an effective date in fiscella date will not be filing requirements, the date will not be listed a locument's effective date on the Department of State's records. [an effective date on the Department of State is records.] [an effective date on the Department of State is records.] [an effective date in fiscella filing or more than 90 days after filing.) Pursuant to 605 520 of the filing or more than 90 days after filing.) Pursuant to 605 520 of the filing or more than 90 days after filing.) Pursuant to 605 520 of the filing or more than 90 days after filing.) Pursuant to 605 520 of the filing or more than 90 days after filing.) Pursuant to 605 520 of the filing or more than 90 days after filing.) Pursuant to 605 520 of the filing.			<u> </u>		_
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Filing Fee: \$25.00