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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

\*\*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 RESIGNATION OUT OF THE POLL FARM LLC

Certificate of Status	1
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T. LEMIEUX

MAY 23 2024

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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quarter Poll Form LLC		
(Name of the Limited Liability C (A Florida Lin	Commany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 05/10/2024	andassigned
Florida document number L24000219389		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Quarter Pole Farm LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		7-11-11-11-11-11-11-11-11-11-11-11-11-11
(Mailing address MAY BE A POST OFFICE BOX)		Ė <b>()</b>
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter the r</u>	name of the new registered
agent and/or the new registered office address here:		23
		PRI
Name of New Registered Agent:	<u> </u>	5. H D 3. 2. P
New Registered Office Address:		T 2
	Enter Florida street address	9
	, Florida	
	Cîţy	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 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.

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

Lexitas

MGR =	Manager	
AMBR =	Authorized	Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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E. Effective date, if other than to (If an effective date is listed, the date)	the date of fil	ing:		(	optional)	
off an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	s block does no	t meet the appli	cable statutory f	or more than 90 days Tling requirements	after filing.) Pursuants, this date will not	, to 605.0207 (3)() be listed as the
f the record specifies a delayed effect ecord is filed.	ctive date, but n	not an effective	time, at 12:01 a.	m on the earlier o	if: (b) The 90th da	ay after the
Dated		2024	·			
/s/ KIMBERLY /	ACKERMAI	N				
<del></del>	Signature of	a member or aut	horized represents	tive of a member		<del>.</del> _

Typed or printed name of signee