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To: Sunbiz etile account (LLC) Fnx: +18506176383

Division of Corporations

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TO: Registration Se Division of Cor			
	ion Lane, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John T McGee III		
		Name of Person	······································
	Dorcey Law Firm		
		Firm Company	
	10181 Six Mile Cypress P	kwy, Suite C	
		Address	
	Fort Myers, FL 33966		
	support@dlfregisteredagen	City/State and Zip Code L.com	
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For further information c	oncerning this matter, please c	all:	
John T McGee III		239 308-10	73
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for tl	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy radditional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Joshua Dorcey Fax:

Fax: +12394180048

To: Sunbiz etile account (LLC) Fax: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Page: 5 of 7 (CO7/18/2025 3:48 AM 3)))

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2025 JUL 18 PM 4: 42

TALLAHASSEE, FLORIDA

3276 Vacation Lane, 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 Compa	any were filed on $\frac{02/27/20}{1}$	25 and assigned
Florida document number 1.25000100763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Smith Farm Kentucky, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my d as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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