

M1000000 5473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

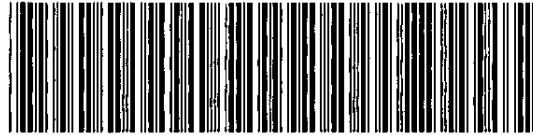
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100296798331

17 MAR 16 AM 9:36

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 MAR 16 AM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 17 2017  
J. HARRIS

Account#: 120000000088

Date: 03/16/2017

Name: Marisa Kugelmann

Reference #: B086038

ENTITY NAME: AMERICAN FARMLAND COMPANY FLORIDA LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

Account#: I20000000088

Date: 03/16/2017

Name: Marisa Kugelmann

Reference #: B086038

ENTITY NAME: AMERICAN FARMLAND COMPANY FLORIDA LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AMERICAN FARMLAND COMPANY FLORIDA LLC

Enter new principal office address, if applicable: 4600 S. Syracuse Street, Suite 1450

(Principal office address  
MUST BE A STREET ADDRESS) Denver, CO 80237

Enter new mailing address, if applicable: 4600 S. Syracuse Street, Suite 1450

(Mailing address  
MAY BE A POST OFFICE BOX) Denver, CO 80237

2. The Florida document number of this limited liability company is: M10000005473

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 12/8/2010

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: NATIONAL CORPORATE RESEARCH, LTD., INC.

New Registered Office Address: 115 North Calhoun St., Suite 4  
Enter Florida Street Address

Tallahassee, Florida 32301  
City 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.*

 (Jen Rice - Asst. Secretary)  
If Changing Registered Agent, Signature of New Registered Agent

17 MAR 16 AM 9:36

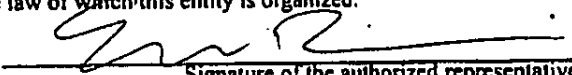
FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative  
Erica Borstein, Secretary  
Typed or printed name of signee

Filing Fee: \$25.00

17 MAR 16 AM 9:36

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS