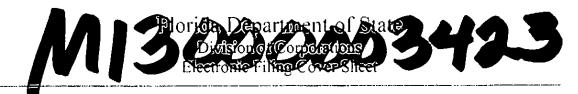
APR 0 2 2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000982343)))



H2000000982343ABC

		Division of Corporations Fax Number : (850)617-6383			
1	, I	Account Name : C T CCRPORATIO Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845	ON SYSTEM		
0 **E	annual	email address for this busines report mailings. Enter only o	ss entity to one email ad	be used dress plea	for future ise.**
PH 12	Email	Address:			
1	1,4.4	C AMND/RESTATE/CORRE	CT OR M/N	4G RESIG	GN
<u>~</u>		AGRICULTURAL INNO	OVATION, I	LLC	
<u> </u>		[		Λ .	
2020 APR - 1 PM 12: 10		Certificate of Status			
2020 A		Certified Copy		1	
# 0Z07		Certified Copy Page Count		1 04	
7020 A		Certified Copy		1	
70Z0 A		Certified Copy Page Count		1 04	
,		Certified Copy Page Count	S:	1 04	

## 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: Agricultural Innovation, LLC	
Enter new principal office address, if applicable:	_
	J AI
MUST BE A STREET ADDRESS)	1
-	· 79
Enter new mailing address, if applicable:	<u></u> ₩
(Mailing address	~ · · · · · · · · · · · · · · · · · · ·
MAY BE A POST OFFICE BOX)	<u></u> ω
-	
2. The Florida document number of this limited liab	ility company is: M13000003423
3. Jurisdiction of its organization: Delaware	
	0, 2013
SECTION II (5-9 complete only the applicable ch	nanges)
5. New name of the limited liability company: Mic	f-Florida Farming, LLC contain "LLLC.," or "LLC.")
(must o	contain "Limited Liability Company, " "L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	dofficer address on our records, enter the name of the new dress here:
New Registered Office Address:	
the provisions of all statutes relative to the proper a and accept the obligations of my position as register	t and agree to act in this capacity. I further agree to comply with ind complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited
	anging Registered Agent. Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Jonathan B. Breviu	101 East Kennedy Boulevard, Suite 2500	E\\\
		Tampa, FL 33602	□Remo
Assistant Secretaris	Jonathan B. Breviu	101 East Kennedy Boulevard, Suite 2500	&Add
		Tampa, FL 33602	□Remo
· 			EJ∧dd
	•		□Remo
			DA002
			CRemo
			Dadd
			□Remo
aforemention	e certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organ	The official having custody of records in the	e
aforemention	ned amendment(s), duly authenticated by inder the law of which this entity is orga	The official having custody of records in the nized.	e
	Signature of	the authorized representative	

Filing Fee: \$25.00

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'AGRICULTURAL

INNOVATION, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'MID-FLORIDA FARMING, LLC' ON THE FIRST DAY OF APRIL,

A.D. 2020, AT 8:51 O'CLOCK A.M.



Authentication: 202693905

Date: 04-01-20