# M17000000618

(Red	questor's Name)			
(Ādo	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

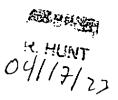
Office Use Only



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#### **COVER LETTER**

TO:	_		Section			
	Divis	sion of (	Corporations			
SUBJ	ECT:	Suwani	nee River Peanut, LLC		<del>-</del> .	<del>.</del>
			Name of Foreig	gn Limited	Liability Co	mpany
Dear S	Sir or N	/ladam:				
The or	salosad	Lannlia	ation, certificate and fee(s)	) are submit	tad for filing	
THE CI	iciosco	appiic	ation, certificate and fee(s)	) are submin	aca ioi ining	ş.
Please	return	all cor	respondence concerning th	is matter to	the followir	ng:
Nathan	nael D. I	Brantley				
			Name of Person			
Dover	Miller I	Karras L	angdale & Brantley, P.C.			
		,	Firm/Company		<del> </del>	
P.O. B	ox 729					
			Address			
Valdos	sta, Geo:	rgia 316	03			
		<u> </u>	City/State and Zip Cod	le		
			miller.com			
E-m	iail add	iress: (t	o be used for future annua	l report not	ification)	
For fu	rther ir	ıformat	ion concerning this matter	, please call	l:	
Nathan	ael D. F	Brantley		at ( <sup>229</sup>	) 242-03	314
		Nam	e of Person			ime Telephone Number
	Mailir	ng Addr	ess:		Street A	ddress:
Registration Section				Registration Section		
Division of Corporations			Divisio	n of Corporations		
P.O. Box 6327			The Ce	ntre of Tallahassee		
	Talla	hassee.	, FL 32314			. Monroe Street, Suite 810 ssee, FL 32303
	Encl	osed is	a check for the following	amount:		
<b>≡</b> \$25	Filing		☐ \$30 Filing Fee &		ling Fee &	☐ \$60 Filing Fee,
_ + • •		<del>.</del>	Certificate of Status		ed Copy	Certificate of Status & Certified Copy

## 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 Comp	oany as it appear	s on the records of the F	Torida Department o	of		
State: Suwannee River Peanut,	LLC					_
Enter new principal office address	, if applicable:	same				_
( <u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	<u>s</u> )					_
Enter new mailing address, if apple (Mailing address MAY BE A POST OFFICE BOX		same	-		IIV 6 Lock CER	- · · · · · · · · · · · · · · · · · · ·
2. The Florida document number of	of this limited lia	ability company is: M17	000000618		9: 3 <b>9</b>	
3. Jurisdiction of its organization:	Georgia		· = ·=			<del>-</del>
4. Date authorized to do business	in Florida: 1/23	/2017				_
SECTION II (5-9 complete only	the applicable	changes)				
5. New name of the limited liability	ty company: Su (mus	awannee River Peanut Co t contain "Limited Liabi	ompany, LLC lity Company, ""L	.L.C.," or	"LLC	<del>-</del> ")
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability Contain").	managers or mai	naging members adoptir				
6. If amending the registered agen registered agent and/or the new re	t and/or registere	ed officer address on ou ddress here:	r records, enter the r	name of th	<u>ie new</u>	
Name of New Registered Agent:	same					_
New Registered Office Address:	same					_
		Enter	r Florida Street Add			
		City	, Florida	a <u>Zip</u> C	ode	_
New Registered Agent's Signature I hereby accept the appointment at the provisions of all statutes relati and accept the obligations of my p document is being filed to merely liability company has been notified	s registered agei we to the proper position as regist reflect a change	egistered Agent: nt and agree to act in the and complete performa ered agent as provided j in the registered office o	is capacity. I further nce of my duties, an for in Chapter 605,	r agree to ed I am far F.S. Or, ij	comply miliar v	with

If Changing Registered Agent, Signature of New Registered Agent

<ol> <li>If the amendment c</li> <li>N/A</li> </ol>	hanges person, title or capacity in accord	lance with 605.0902 (1)(e), inc	licate that change:
Fitle/ Capacity	<u>Name</u>	Address	Type of Action
	<del> </del>	<del></del>	□Add
	_		□Remov
			□Add
	_		Remov
			□Add
	_		Remov
			□Add
	_		Remov
		<del></del>	□Add
aforementioned am	icate, if required: no more than 90 days tendment(s), duly authenticated by the che law of which this entity is organized	ifficial having custody of reco	□Remov

Nathanael D. Brantley, Attorney for Suwannee River Peanut Company,

Typed or printed name of signee

Filing Fee: \$25.00

Control Number: 0443526

#### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### SUWANNEE RIVER PEANUT COMPANY, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25553855 Date Inc/Auth/Filed: 07/21/2004 Jurisdiction : Georgia Print Date : 06/13/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State