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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107

Fax Number

: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addre	29	99	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FARM DIRECT SUPPLY, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Help^{T. LEMIEUX}
JUN 21 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FARM DIRECT SUPPLY, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number M21000014497	were filed on 10/28/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ollity company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12012 S Shore Bivd., Suite 207
(Principal office address MUST BE A STREET ADDRESS)	Attn: David Marrero
	Wellington, FL 33414
Enter new mailing address, if applicable:	12012 S Shore Blvd., Suite 207
(Mailing address MAY BE A POST OFFICE BOX)	Attn: David Marrero
	Wellington, PL 33414
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	Enter Florida street address . The
	Cuy 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	ANDREW SCHWARTZ	12012 S SHORE BLVD., SUITE 207	🗆 Add
		WELLINGTON, FL 33414	□Remove
			\=Change
CFO DAVID MARRERO	DAVID MARRERO	12012 S SHORE BLVD., SUITE 207	= Add
	WELLINGTON, FL 33414		
		□ Change	
			□ Add
		□Remove	
		Change	
		□Remove	
		□Change	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
		Change	
		□Add	
		□Remove	
			Change

	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second seco	the date of filing:
ne record specifies a delayed eff ord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 20th	2023
	Signature of a member or authorized representative of a member
Adia Myles, Attorr	ey-in-Fact

Filing Fee: \$25.00