

121000170680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

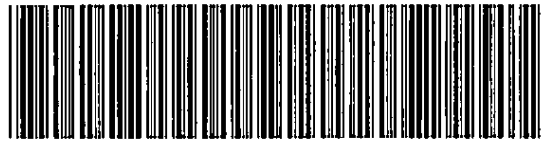
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

05/24

NO\$

Office Use Only



500385974515

08 24 18 -- 01031 -- 001 -- 25.07

STATE OF FLORIDA
TALLAHASSEE, FL

2022 AUG 18 AM 11:16

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2022

DARIUS BARNES
4230 HICKORY PINE ALLEY
DORAVILLE, GA 30360

SUBJECT: BARNES & SONS FARMS, LLC
Ref. Number: L21000170680

We have received your document for BARNES & SONS FARMS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 222A00016791

2022 AUG 18 AM 11:16
Division of State
Tallahassee, FL

FILED

AUG 18 2022

COVER LETTER

RECEIVED

TO: Registration Section
Division of Corporations

2022 MAY 24 AM 7:47

REGISTRATION SECTION
TALLAHASSEE, FL

SUBJECT: BARNES & SONS FARMS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darius Barnes
Name of Person
BARNES & SONS FARMS, LLC
Firm/Company
4230 Hickory Pine Alley
Address
Doraville, Ga 30360
City/State and Zip Code
dlb07e@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2022 AUG 18 AM 11:16
TALLAHASSEE, FL

For further information concerning this matter, please call:

James Barnes at (850) 482-7475
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARNES & SONS FARMS, 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 Company were filed on April 13, 2021 and assigned Florida document number L21000170680.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4974 Hartsfield Rd

Marianna, FL 32446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4974 Hartsfield Rd

Marianna, FL 32446

FILED
2022 AUG 18 AM 11:16
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Darius Barnes	4230 Hickory Pine Alley	<input type="checkbox"/> Add
		Doraville, GA 30360	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Member	Desmund Barnes	4999 Hartsfield Rd	<input type="checkbox"/> Add
		Marianna, FL 32446	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Member	James Barnes	4974 Hartsfield Rd	<input type="checkbox"/> Add
		Marianna, FL 32446	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Member	DeJuan Barnes	4371 Michael Dr	<input type="checkbox"/> Add
		Marianna, FL 32446	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 AUG 18 AM 11:16
 FILED
 CLERK OF SUPERIOR COURT
 MARIANNA, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2022 AUG 18 AM 11:16
TALLAHASSEE, FL

FILED


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

Darius Barnes

Typed or printed name of signee

Filing Fee: \$25.00