Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SWAINE, HARRIS & WOHL, P.A.

Account Number : I19980000021 Phone : (863)465-2811 Fax Number : (863)465-6999

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEED STORE SEBRING LLC

Certificate of Status	0
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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FEED STORE SEBRING LLC		P CHAIN
(Name of the Limited Linb (A Flor	bility Company as it now appears on our records.) and a Limited Liability Company)	. जिल्हा स्थाप
The Articles of Organization for this Limited Liability Florida document number L21000504195	Company were filed on 11/24/2021 and a	assigned I
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the o</u> g:	ew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Cna	la
New Registered Agent's Signature, If changing Register	rcd 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>	Name	Address	Type of Action
MGR	The Jessica Skitka Carlson Rev Tru st	129 S. Commerce Avenue	
		Scbring, FL 33870	■Remove
			☐ Change
MGR	The Jeffrey D. Carlson Rev Trust	129 S. Commerce Avenue	⊡Add
		Sebring, FL 33870	■Remove
			Change
MGR Jeffrey D. Carlson	Jeffrey D. Carlson	129 S. Commerce Avenue	<b>≡</b> Add
		Sebring, FL 33870	□Removc
MGR	Jessica Skitka Carlson	129 S. Commerce Avenue	
		Schring, FL 33870	□ Remove
			□Add
			□Remove
			□ Change
	<del> </del>		□Add
			□Remove
			□Change [H21000444754 3)))

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fective date, if other than offective date is listed, the di	on the data of fi	Ikaa.			(optional)		

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.

December 6	2021	
	Signature of a member or authorized representative of a	member
Jeffrey D. Carlson		
Jemey D. Carison	Typed or printed name of signee	

Filing Fee: \$25.00

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