

Florida Department of State  
 Division of Corporations  
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L2200094254

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
 Account Number : 076077001702  
 Phone : (407)841-1200  
 Fax Number : (407)423-1831

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

Email Address: lperryman@deanmead.com

2022 JUN -9 AM 10:09

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**FRUITVILLE FARMS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

2022 JUN -9 PM 3:19  
 FILED  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRUITVILLE 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 February 17, 2022 and assigned Florida document number L22000094256

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 "L.L.C."

Enter new principal offices address, if applicable: 4565 BURKE STREET ORLANDO, FL 32814

Enter new mailing address, if applicable: P.O. BOX 25067 SARASOTA, FL 34277

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: DEAN MEAD SERVICES, LLC
New Registered Office Address: 420 S. ORANGE AVENUE, SUITE 700 ORLANDO, Florida 32801

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 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.

Handwritten signature of the new registered agent, followed by the printed text: 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: (((H22000201122 3)))

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                   | <u>Address</u>                 | <u>Type of Action</u>                      |
|--------------|-------------------------------|--------------------------------|--|
| MGR          | GOSON MANAGEMENT COMPANY, LLC | 306 N. RHODES AVENUE, UNIT 112 | <input type="checkbox"/> Add               |
|              |                               | SARASOTA, FL 34237             | <input checked="" type="checkbox"/> Remove |
|              |                               |                                | <input type="checkbox"/> Change            |
| MGR          | VACATION LIFE, LLC            | P.O. BOX 25067                 | <input checked="" type="checkbox"/> Add    |
|              |                               | SARASOTA, FL 34277             | <input type="checkbox"/> Remove            |
|              |                               |                                | <input 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            |
|              |                               |                                | <input type="checkbox"/> Add               |
|              |                               |                                | <input type="checkbox"/> Remove            |
|              |                               |                                | <input type="checkbox"/> Change            |

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