

20000010572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

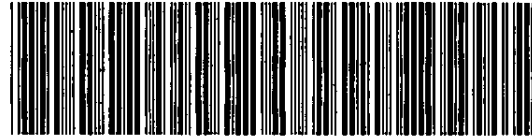
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR 23 AM 9:32

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MAR 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2018

JOHN H NELSON
3755 W LAKE HAMILTON DR
WINTER HAVEN, FL 33881

SUBJECT: WESTLAKE MILLER, LLC
Ref. Number: L00000010572

We have received your document for WESTLAKE MILLER, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, please choose another name. The document number of the name conflict is L18000048836.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00005463

Always Fresh Farms, LLC
315 Chippewa Ave
Tampa, FL 33606

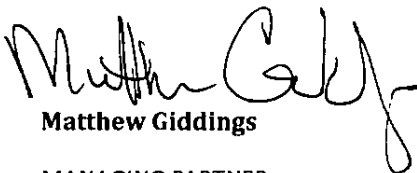
MARCH 15, 2018

State of Florida: Division of Corporations
2661 Executive Center Cir W
Tallahassee, FL 32301

Dear State of Florida: Division of Corporations,

I, Matthew Giddings, hereby declare that I have dissolved Always Fresh Farms, LLC, effective today, March 15, 2018. I release all rights to, Always Fresh Farms, LLC, giving Westlake Miller, LLC, permission to assume this name.

Warm regards,



Matthew Giddings

MANAGING PARTNER
ALWAYS FRESH FARMS, LLC.
LLC DOCUMENT NO. L 180 000 488 36

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Westlake Miller, 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:

John H Nelson

Name of Person

Always Fresh Farms

Firm/Company

3755 W Lake Hamilton Dr

Address

Winter Haven, FL 33881

City/State and Zip Code

jnelson@alwaysfresh.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John H Nelson

863 401-3404
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Westlake Miller, 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 9-1-2000 and assigned
Florida document number L000 000 105 72.

This amendment is submitted to amend the following:

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

Always Fresh Farms, LLC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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:

NA

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

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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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated March 15, 2018

Signature of _____

Signature of a member or authorized representative of a member

John H Nelson

Typed or printed name of signee

Filing Fee: \$25.00

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18 MAR 23 AM 9:30