

L03000010743

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000308465 3)))



H160003084653ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

16 DEC 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FARMLAND, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 19 2016

S. YOUNG

RECEIVED

2016 DEC 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000308465 3

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

FARMLAND, L.L.C.

(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 03/25/2003 and assigned
Florida document number L03000010743.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: ACCOUNTANT & MANAGEMENT INC

New Registered Office Address: 1549 NE 123RD STREET

Enter Florida street address

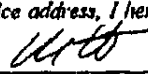
NORTH MIAMI, Florida 33161

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

Page 1 of 3

H16000308465 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 16 AM 10:02

H16000308465 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	STRICKLAND, JUAN A	8000 SW 117th Avenue 204	☐ Add
		Miami, FL 33183	☒ Remove
MBR	Strickland, Tamara Judith	8000 SW 117th Avenue 204	☐ Add
		Miami, FL 33183	☒ Remove
MBR	Strickland, Kathleen Liz	8000 SW 117th Avenue 204	☐ Add
		Miami, FL 33183	☒ Remove
MGR	SOLUTIONS BY ACCOUNTANTS INC	1549 NE 123RD ST	☒ Add
		N MIAMI, FL 33161	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

16 DEC 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000308465 3

H16000308465 3

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

E. Effective date, if other than the date of filing:

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 13TH, 2016

(optional)

Signature of a member or authorized representative of a member

JUAN A STRICKLAND

Typed or printed name of signer

16 DEC 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000308465 3