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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

	ion Section of Corporations		
suвјест:	Stockton Farms LLC Name of Limited Liability Company		
The enclosed Article	les of Amendment and fee(s) are submitted for filing.		
Please return all cor	rrespondence concerning this matter to the following:		
	William Martines Name of Person Stock ton Farms LLC. Firm/Company		
	Name of Person		
	Stockton Farms LLC.	20	
	Firm/Company		
	P.O. Box 204 Address	2014 AFR 14 PM 5: 01 WILLENSSEE FIREIN	
	Address	新七 * *** 元 2	
	Dalm, Fla. 33503	ສ່≥່ ດ . ລິ່ງ ວ ີ	-
	Balm, Fla. 33503 City/State and Zip Code B. 11 Mart 107 @ A01. com E-mail address: (to be used for future annual report notification)	<u> </u>	
	E-mail address: (to be used for future annual report notification)		
For further information	ation concerning this matter, please call:		
William	Name of Person at (8/3) 244-6242 Area Code Daytime Telephone Number		
N	Name of Person Area Code Daytime Telephone Number		
Enclosed is a check	k for the following amount:		
5 \$25.00 Filing F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stockton	farms	LLC			
(Name of the Limite	d Liability Company : A Florida Limited Liab	as it now appear: ility Company)	s on our records.)		
The Articles of Organization for this Limited Liz Florida document number	ability Company we 0 <u>3 み</u>	ere filed on	10/14/200	3 and ass	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company he	<u>re</u> :	2014	
The new name must be distinguishable and end with the v	vords "Limited Liability	y Company," the	designation "LLC" or	the abbreviation "	L.L.C;";
Enter new principal offices address, if applica	ible:				
(Principal office address MUST BE A STREE	T ADDRESS)		, <u>.</u>	Mar I	<u> </u>
	_		· · · · · · · · · · · · · · · · · · ·	<u>5</u> 5 8 1	
Enter new mailing address, if applicable:	-			·	
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>				
B. If amending the registered agent and/or the new registered of	fice address here:		_		
Name of New Registered Agent:	Willia.	m M	artine :	2	
New Registered Office Address:	107	HICKO.	Y Cre	ek Blu	tl
	Brand	-2.77	, Florida	B 35 Zip Code	11

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager'

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Jerry L. Stoop	Wimauma, Fla. 33	Add Add
		107 Hickory Creek & Brandon Fla. 3351	
			□ Remove
			Add Remove
			Add
			Add
			Remove

If amending any other in	iformation, enter	r change(s) here: (Attach additional	sheets, if necessary.)	
· .				
				
		11 :0 - 2 114		
	ific, cannot be prior to	date of receipt or filed date and cannot be me	(optional) ore than 90 days after	
the date this document is filed	by the Florida Depart	ment of State)		
Dated Coul	7=	<u>, 2017</u> .		
ell	lion /	Parties		
211	Signature 6	f a member or authorized representative of a	member	
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		Typed or printed name of signee		
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			25 8 1	Ĺ

Page 3 of 3

Filing Fee: \$25.00