104000058070

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COVER LETTER

Registration Section Division of Corporations

Starks Suwannee Farm, LLC

	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	G. Michael Stakrs					
		Name of Person				
	Starks Suwannee Farm, LI	.c				
		Firm/Company				
	377 S Moss Rd					
		Address				
	Winter Springs, FL 32708					
	AND THE PROPERTY OF THE PROPER	City/State and Zip Code				
	gms1@embarqmail.com					
	E-mail address: (to be used for future annual report notifica	ition)			
For further information c	oncerning this matter, please ca	ali:	2016 SEC TALL			
G. Michael Starks		407 588-2561 at ()	CRE APR			
Name o	f Person	Area Code Daytime T	elephone Number 2 2			
Enclosed is a check for the	ne following amount:		OF CREATE OF			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starks Suwannee Farm, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L04000058070	ility Company were filed on August 5, 2004	and assigned
This amendment is submitted to amend the follow	ending name, enter the new name of the limited liability company here: ume must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or	-	enter the name of the ne
registered agent and/or the new registered offic	e address here:	R 12
Name of New Registered Agent:		TO
New Registered Office Address:	Enter Florida street address	-
	, Flori	de de
	City , FIOTI	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Baechle S. Malone	325 Spring Lake Hills Dr.	■ Add
		Altamonte Springs, FL 32714	Remove
		<u> </u>	☐ Change
AMBR	Robert B. Malone	325 Spring Lake Hills Dr.	☐ Add
		Altamonte Springs, FL 32714	□ Remove
			□ Change
			□ Add
			□ Remove
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an effective	late, if other the date is listed, the d	date must be sp	ecific and car	nnot be prio	r to date of f	iling or more	than 90 days	after filing.) P	ursuant to	605.02
	e date inserted in effective date or					ory filing re	equirements,	this date w	C===	listed
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