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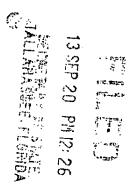
(Req	uestor's Name)	
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(City)	/State/Zip/Phone	<del>e</del> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Snivel	y Realty, LLC		
SUBJECT:	<del></del>	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Harvey B Sni	ively, III	
	<del></del>	Name of Person	
		Firm/Company	
	624 Ave D SI	E	
		Address	
	Winter Haver	n, FL 33880	
		City/State and Zip Code	
	petesnively@gmail		
	E-mail address: (to	be used for future annual report notification	on)
For further information cor	ncerning this matter, please cal		
Harvey Sniv	ely	<sub>at (</sub> 863 <sub>)</sub> 651-3056	6
Name of I	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	ompany as nited Liabili	it now appears of ty Company)	n our record	<u>s.</u> )		
The Articles of Organization for this Limited Liability Com Florida document number L05000092632	npany were	filed on 8/10	2007	aı	nd assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability	ompany here:				
TBW Farms, LLC						
The new name must be distinguishable and end with the words "L.L.C."	"Limited Li	ability Company	" the designa	tion "LLC" o	or the al	bbreviation
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	SS)			<u>-</u>		
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE BOX)						<del> </del>
		······································		67		····
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		address on oui	records, <u>e</u>	nter the ne	13 ame?of 20 20 20	f ther new
Name of New Registered Agent:				伊坡	70	15979
New Registered Office Address:	·	Enter	Florida stre	et address	12: 27	All marks
			, Flori	طر da		
	Cit	v	, FIUFI		o Code	

New Registered Agent's Signature, if changing Registered Agent:

Snively Realty LLC

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

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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). If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
Second	eptember 18 2013
	Harvey B Snevely TIL
	Signature of a member or authorized representative of a member
	Harvey B Snively III
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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