

L06000122463

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(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1. Bureau of the FBI 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLENN FARMS, 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:

DEWEY GLENN

Name of Person

GLENN FARMS, LLC

Firm/Company

P.O. BOX 66

Address

FORT WHITE, FL 32038

City/State and Zip Code

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

For further information concerning this matter, please call:

JUDY GLENN

Name of Person

at (386) 497- 4151

Area Code

Daytime Telephone 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
(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

GLENN FARMS, 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 12/27/2006 and assigned
Florida document number L06000122463.

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: _____

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 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

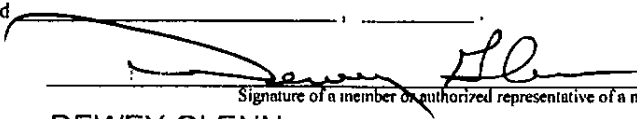
Title	Name	Address	Type of Action
MGR	JUDY GLENN /	367 SW KAYLA COURT FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOEL GLENN /	367 SW KAYLA COURT FORT WHITE, FL 32038	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ROBERT J GLENN /	698 SW BEAR LANE FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	THOMAS J GLENN JR /	654 SW TIMUQUA TERR FORT WHITE, FL 32038	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Donald Hugh Glenn JR	PO Box 66 Ft. White Fl 32038	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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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: _____ (optional)
(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 _____



Signature of a member or authorized representative of a member

DEWEY GLENN

Typed or printed name of signee

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