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(((H22000013912 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

: (941)748-0100

Phone

Fax Number

: (941)745-2093

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MML-JJM FARM HOLDINGS, LLC

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### (((H22000013912 3)))

### COVER LETTER

	•	OO + ER EET TER	· ·
TO: Registration S Division of Co			
MML-JJM	FARM HOLDINGS, LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EILEEN PENNINGTON		
		Name of Person	
	BLALOCK WALTERS. F	P.A	
		Firm/Company	
	302 HTH STREET WES	T	
		Address	······································
	BRADENTON, FL 34205		
		City/State and Zip Code	
	epennington@blalockwalte		
	E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please o	all;	
Eileen Pennington		94) 748-0100 at ( )	
Name o	of Person	Area Code Day:im	a Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

 $\cong$ 

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# ARTICLES OF AMENDMENT ((( # 22000013912 3)))

# TO ARTICLES OF ORGANIZATION OF

MML-JJM FARM HOLDINGS, L	LC			12 No.
(Name of the Limi	ted Lizbility Compa (A Florida Limited)	any as it now appears o Liability Company)	n our records.)	SILE JAN II
The Articles of Organization for this Limited I	Liability Company	were filed on <u>09/21/</u>	/2007	and assigned FLORID
This amendment is submitted to amend the fol	lowing:			33 ATE ARIDA
A. If amending name, enter the new name of	of the limited liab	oility company here	:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		802 11th Street We	st	
(Principal office address MUST BE A STREI		Bradenton, FL 3429	09	
Enter new mailing address, if applicable:		515 Bowdon Juneti	on Road	
(Mailing address MAY BE A POST OFFICE	BOX)	Carrollton, GA 30117		
	,	<del> </del>		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	rds, enter the name of t	he new registered
Name of New Registered Agent:	Name of New Registered Agent: Blalock Walters, P.A.			
New Registered Office Address:	802 11th Street	t West		
	. <del></del>	Enter Florida	street address	
	Bradenton		, Florida <sup>34205</sup>	
		City	Ziį	p 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

### 01/11/2022 12:09 Blalock Walters

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	JAMES J. MAXWELL	1812 WEST HILLS AVENUE	□Add
		TAMPA, FL 33606	
			□Change
MGRM	MOLLY M. LYNCH	1320 WEST WESLEY ROAD NW	□Add
	·	ATLANTA, GA 30327	■Remove
			□Change
MGRM	LINDA HEALY	515 BOWDON JUNCTION ROAD	≅Add
		CARROLLTON, GA 30117	□Remove
			☐ Change
MGRM	CHRIS HEALY-MCFADDEN	1192 PLANTATION PLACE	∃Add
		VILLA RICA, GA 30180	
			□Change
MGRM	SHAUN HEALY-MCFADDEN	1192 PLANTATION PLACE	<b>=</b> Add
		VILLA RICA, GA 30180	⊡Remove
			□Change
MGRM	NANCY BARNES	1192 PLANTATION PLACE	≅ Add
		VILLA RICA, GA 30180	
			Change

D. If amending any other in	formation, enter ch	ange(s) here: (Att	ach additional sheets,	if necessary.)	
	<u>-</u>			<del></del>	
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					· <del>-</del>
Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in document's effective date on	this block does not me	et the applicable stat	filing or more than 90 da tutory filing requiremen	(optional) ys after filing.) Pursuau its, this date will not	nt to 605.0207 (3) t be listed as the
the record specifies a delayed e ord is filed.	ffective date, but not a	n effective time, at 1	2:01 a.m. on the earlier	of: (b) The 90th of	
Dated Januar	7 11	2022.		ATIA 55E	
Lindo	Signature of a me	emper or authorized rep	presentative of a member		1 <u>~</u>
Linda	Healy	Typed or printed name	of signce		33