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PICK-UP	☐ WAIT	MAIL
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SEURETARY OF STATE
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C. LEWIS

MAR 1 2 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>Sebastian River Ranch</u> , LLC Name of Limited Liability Company
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:
Thomas Hammond Name of Person
Sebastian River Farms, LLC Firm/Company
Po Box 643278  Address
Vero Beach FL 32964 City/State and Zip Code
Sehriverranch @ aol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Hammend at (772) 778-4540  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\ \text{Certified Copy} \\ \text{(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

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Sebastian River Ro (Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	rs on oursecorts.)	RY UT STATE SSEE. FLORIDA	
The Articles of Organization for this Limited Liability			and assigned	
Florida document number <u>L 08 00000 7347</u>	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
Sebastian River Farms	1.L.C.			
Sebastian River Farms The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Floric		la	
	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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address Type of Action ☐ Add ☐ Remove Remove Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Thomas Hammond
Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00