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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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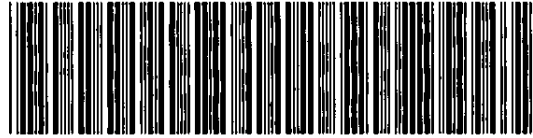
(Business Entity Name)

(Document Number)

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14 MAY 27 18:00:19
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vaughn Johnson, 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:

Tonya J. Pippin

Name of Person

Firm/Company

P.O. Box 887

Address

Chipley, FL 32428

City/State and Zip Code

tonya@pippinappraisal.com

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

For further information concerning this matter, please call:

Tonya J. Pippin

at (850) 638-7700

Name of Person

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**

Vaughn Johnson, 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 02/05/2008 and assigned
Florida document number L08000013033

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Johnson Farms of Northwest Florida, LLC

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:

831 Kirkland Road

(Principal office address MUST BE A STREET ADDRESS)

Chipley, FL 32428

Enter new mailing address, if applicable:

P.O. Box 887

(Mailing address MAY BE A POST OFFICE BOX)

Chipley, FL 32428

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:

Tonya J. Pippin

New Registered Office Address:

831 Kirkland Road

Enter Florida street address

Chipley

Florida

City

32428

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 601, 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.

Tonya J. Pippin
If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|----------------------|---|
| MGR | Cindy Johnson Brown | 2102 B Mud Hill Road | <input checked="" type="checkbox"/> Add |
| | | Wausau, FL 32463 | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
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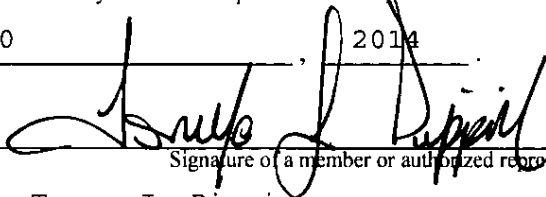
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ALLIANCE FLORIDA

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 May 20, 2014



Signature of a member or authorized representative of a member

Tonya J. Pippin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
TALLAHASSEE, FLORIDA

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