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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only

G. MCLEOD

MAY 12 2009

EXAMINER



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05/08/09--01034--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Joy's Real Estate Solutions, 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:
Joy Schaggle Namedifferson Stred Time to Harvest LLC Firm/Company
4411 SE 107 Lane
Belloview FL 34426 City/State and Zip Code Cat2/ive & Seedtimeto harvest, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toy Schools at (352) 427-5440 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)}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joy's Real Esto	te Solution	15, LLC		
Joy's Real Esto Name of the Limited Liabi	lity Company as it now as da Limited Liability Compa	opears/on our records.) any)		
The Articles of Organization for this Limited Liability			28 and ass	igned
Florida document number <u>L080000 21</u> §	818.	,		
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company	<u>y here:</u>		
Seed Time to Harves				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designation '	'LLC" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	-	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
Enter new mailing address, if applicable:	 		1	ر دارد ا
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	**	; » •
B. If amending the registered agent and/or reg	gistered office address	on our records, enter	the name o	f the new
registered agent and/or the new registered office a	ddress here:			196 196 1 29
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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

			Add Remove
			Add Remove
			Add Remove
			Add Remove
 -			Add Remove
			Add Remove
). If amending a	any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
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			-
Dated May	_	Chacket or authorized representative of a member Chagle	

Page 2 of 2

Filing Fee: \$25.00