

1080000052334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINCKNEY 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:

John P. Maas, Esquire

Name of Person

John P. Maas, Attorney at Law

Firm/Company

44 N.E. 16th Street

Address

Homestead, FL 33030

City/State and Zip Code

pinky.munz@redlandcompany.com

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

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/1/08 BY 60322
UCBAW

For further information concerning this matter, please call:

Michelle Fusillo

305 247-7132
at ()

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**

PINCKNEY 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 MAY 27, 2008 and assigned
Florida document number L08000052334.

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 contain 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charles P. Munz	23600 SW 162 Ave.	<input type="checkbox"/> Add
		Homestead, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melissa Anne Batusic	23600 SW 162 Ave. 221 Ditchman Creek Road	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031 ELKIN, N.C. 28621	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Batusic	23600 SW 162 Ave. 221 Ditchman Creek Road	<input checked="" type="checkbox"/> Add
		Homestead, FL 33031 ELKIN NC 28621	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

[illegible]

08 44 10 00

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated August 15, 2016

Signature of a member or authorized representative of a member

Charles P. Munz

Typed or printed name of signee