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S. HAWKESJAN **3 0** 2009

EXAMINER

COVER LETTER

Division of Cor	porations		
_{SUBJECT:} Tampa	Farms, LLC		
		ited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Robert L. Holladay, Jr.		
		(Name of Person)	
	YoungWilliams P.A.		
		(Firm/Company)	
	P. O. Box 23059		
		(Address)	
	Jackson, MS 39225-305	9	
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
Robert L. Holladay, Jr.	_	at (601) 948-6100	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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:

TO:

Registration Section

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

rampa rams, LLC	132.0	
(Name of the Limited Lig (A Flo	ability Company as it now appears on our records orida Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liabi	ility Company were filed on November 13, 2008	and assigned
This amendment is submitted to amend the followi A. If amending name, enter the new name of the		O9 JAN 29 PH
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designat	
Enter new principal offices address, if applicable	e:	7 ·
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stre	et address)
	, Florid	a
-	(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>:

<u>le</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			MAdd Landye
			And Remove
			7 n
		r change(s) here: (Attach additional sheet	s, if necessary.)
	e Company shall be managed by	its sole member, who shall have the autho	rity to act for and
- 11-11			······································
_			
ed Janua	ary 14,	2009	

Page 2 of 2

Filing Fee: \$25.00