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## **COVER LETTER**

	gistration Sectivision of Corp				
SUBJECT:		FAMILY FARMS LLC			
SUBJECT.		Name of Lit	nited Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please retur	n all correspon	dence concerning this matte	r to the following:		
		VICKIE J HUMPHREY			
			Name of Person		
		HUMPHREY FAMILY I	FARMS LLC		
			Firm/Company		
		13724 218TH LN NW	Mailing Addr: PO BOX 1518		
		<u></u>	Address		
		ALACHUA FL 32615	Mailing Addr: ALACHUA FL 3	2616	
		vickiejhumphrey@gmail.c	City/State and Zip Code		
		E-mail address:	(to be used for future annual report notif	ication)	
For further i	information cor	ncerning this matter, please	call:		
VICKIEJE	HUMPHREY		863 698-9425		
	Name of I	Person	Area Code Daytime	e Telephone Number	2024 DE
Enclosed is	a check for the	following amount:		ETAR) HASS	EC 13
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,	PH 4: 34
<u>M</u> 2	ailing Address:		Street Address:		

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUMPHREY FAMILY 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 01/05/2009 and assigned Florida document number L09000001068

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 "LLC."

Enter new principal offices address, if applic	able:				_
(Principal office address MUST BE A STREE	T ADDRESS)				-
					-
Enter new mailing address, if applicable:		<u>_</u>			-
(Mailing address MAY BE A POST OFFICE)	<u></u>				_
					-
B. If amending the registered agent and/or r	egistered office address on our rec	cords, enter the name of the	e new	registe	ered
agent and/or the new registered office addres	s here:	 خفر	• 5.5	2024	
Name of New Registered Agent:	VICKIE J HUMPHREY	;- :-	<u> </u>	24 DE	-1-
New Registered Office Address:	13724 218TH LN NW	** '' ''		3	
<del>-</del>	Enter Floria	la street address	, <u>0</u>	₽X	
	ALACHUA FL	Florida 32615	S E	<b></b>	

## 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.

City

Il 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>		Type of Action	
MGRM	ADRON II HUMPHREY	13724 218TH LN NW ALACHUA FL 32615	□Add	
		PO BOX 1518 ALACHUA FL 32616	<b>=</b> Remove	
			□Change	
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<u>Note</u>	ive date, if other than the date of filing:	it to 605.02 be listed	!07 (3)( as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d led.	ay after th	ne
ecord is			

EU E. Casan

Typed or printed name of signee

VICKIE J HUMPHREY