

LD9000075946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

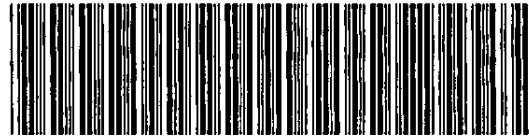
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000247026720

04/22/13--01021--011 **30.00

FILED

2013 APR 22 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan APR 23 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D & R 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:

Douglas E Simpon, JR

Name of Person

Simpson Jr Farms, LLC

Firm/Company

6400 SW County Road 341

Address

Trenton, FL 32693

City/State and Zip Code

desimpson2nd@gmail.com

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

For further information concerning this matter, please call:

Max McGee

Name of Person

352 514 4754

at ()

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**

FILED
2019 APR 22 PM 12: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D & R 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 8/7/09 and assigned
Florida document number L09000075946.

This amendment is submitted to amend the following:

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

Simpson Jr Farms, 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:

(Principal office address MUST BE A STREET ADDRESS)

Simpson Jr Farms, LLC

6400 SW County Rd 341

Trenton, FL 32993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Simpson Jr Farms, LLC

6400 SW County Rd 341

Trenton, FL 32693

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: Douglas E Simpson, Jr

New Registered Office Address: 6400 SW County Rd 341

Enter Florida street address

Trenton

, Florida 32693

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

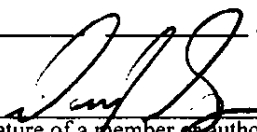
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Simpson, Ester R	6400 County Road 341	<input type="checkbox"/> Add
		Trenton FL, 32693	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. •If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Douglas E Simpson, Jr

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2019 APR 22 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA