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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJEC		Farm, LLC				
SOBJEC		Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		John P. Tufnell				
			Name of Person			
		Roberts, Cunningham & S	tripling, L.L.P.			
		_	Firm/Company			
12222 Merit Drive, Suite 800						
			Address			
		Dallas, Texas 75251				
		jtufnell@gmail.com	City/State and Zip Code		io da	
		E-mail address: (to be used for future annual report notific	ration)	:.Z : l	
For furth	er information c	oncerning this matter, please c	all:		77 72	
John P.	Tufnell		214 696-3200 at ()			つかさ
	Name o	f Person	Area Code Daytime	Telephone Number	က ယ	
Enclosed	l is a check for t	he 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 Statu Certified Copy (additional copy is encl		
	MAII	IVC ADDDECS.	STDE ET/CAN: DIE	D ADDRESS.		

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

Wellington Farm, LLC	•	
(Name of the Limited I (A.)	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1,10000008183	lity Company were filed on January 22, 2010	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	X)	
		امر والم المراد المراد
		20 JAN 12
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the name of the ne
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>	Type of Action
MGR	Suzanne Porter		
		13831 Quarter Horse Trail	
		Wellington, FL 33414	■ Remove
			☐ Change
MGR	Sleepy P Ranch, LLC	13831 Quarter Horse Trail Wellington, FL 33414	
			_□ Remove
			☐ Change
			🗂 Add
			Remove
			☐ Change
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			☐ Change

	mation, enter change(s) here: (Attach additional sheets, if necessar	. •

Note: If the date inserted in thi	he date of filing:) p.) Pursuant to 605.0207 (3)(b) will not be listed as the
If the record specifies a dela (b) The 90th day after the	ved effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier of:
Dated	2019	
Sizme Por	Signature of a member or authorized representative of a member	
- 0	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00