

L10 000 00 8183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

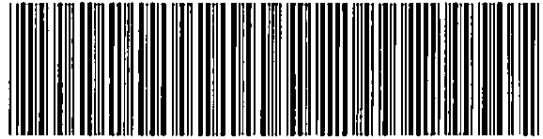
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2023 DEC 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wellington Farm, 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. Tufnell

Name of Person

Roberts, Cunningham & Stripling, L.L.P.

Firm/Company

13155 Noel Road, Suite 900

Address

Dallas, Texas 75240

City/State and Zip Code

jtufnell@gmail.com

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

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RECEIVED
TALLAHASSEE
FL 32303

For further information concerning this matter, please call:

John P. Tufnell

214 750-3358

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 Address:

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**

Wellington Farm, 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 1/22/2010 and assigned
Florida document number L10000008183.

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)

9314 Forest Hill Boulevard, Suite 672

Wellington, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9314 Forest Hill Boulevard, Suite 672

Wellington, FL 33411

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>
MGR	Sleepy P Ranch, LLC	13831 Quarterhorse Trail	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barry G. Porter	9314 Forest Hill Boulevard, Suite 672	<input checked="" type="checkbox"/> Add
		Wellington, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Suzanne T. Porter	9314 Forest Hill Boulevard, Suite 672	<input checked="" type="checkbox"/> Add
		Wellington, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TELEPHONE RECORDS
2023 DEC 27 PM 3:51

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

2023 DEC 27 PM 3:51
SECRETARY GENERAL
FALLING

2023 DEC 27 PM 3:51
SINGAPORE
MALAYSIA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

12/14

2023

Signature of a member of _____

Signature of a member or authorized representative of a member

Suzanne T. Porter

Typed or printed name of signee