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(Re	questor's Name	<u> </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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		J. HORNE
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COVER LETTER

то:"	Registration Se Division of Cor		•	
eno iez	Shady Oaks	s Mobile Home Park of Lake C	ity, LLC	
SUBJEC	L.1:	Name of Lim	ned Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Andrew J. Decker, IV		
			Name of Person	
		The Decker Law Firm, P./	٨.	
			Firm/Company	
		261 North Marion Avenue		
			Address	
		Lake City, Florida 32055		
			City/State and Zip Code	
		ronrobbins08@gmail.com	to be used for future annual report notification)	
For furth	her information o	oncerning this matter, please c	·	
Andrew	J. Decker, IV		386 487-5466	
	Name o	f Person	at ()	umber
Enclosed	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tilicate of Status & tified Copy itional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C	orporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ARTICLES OF	AMENDMENT The state of the stat	
TO	O	
ARTICLES OF O		
SHADY OAKS MOBILE HOME PARK OF LAKE C	erry, i.i.c	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 26, 2010 and assigned	
Florida document number 1.10000033537		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Heavenly Farms, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6502 Bulb Farm Road	
(Principal office address MUST BE A STREET ADDRESS)	Wellborn, Florida 32094	
Enter new mailing address, if applicable:	6502 Bulb Farm Road	
(Mailing address MAY BE A POST OFFICE BOX)	Wellborn, Florida 32094	

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:

	Cuy	Zıp Code
	Wellborn	, Florida 32055
New Registered Office Address:	6502 Bulb Farm Road Enter	Florida street address
Name of New Registered Agent:		<u> </u>

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.

/s/ Ron Robbins	
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 Me	ember

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 inscreed 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 ___ 2023 /s/ Ron Robbins Signature of a member or authorized representative of a member RON ROBBINS Typed or printed name of signee

Filing Fee: \$25.00