

L10 000 037 229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

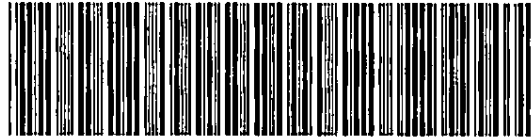
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22 SEP 22 AM 11:01

RECEIVED
FILING OFFICE
STATE OF CALIFORNIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fertile Dirt 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:

Celena Zimmerman

Name of Person

Firm/Company

1736 South Flagler Ave

Address

Flagler Beach, FL 32136

City/State and Zip Code

ccline777@att.net

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

For further information concerning this matter, please call:

Celena Zimmerman

386 597-3001
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

22 SEP 22 AM 11:01
STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Fertile Dirt 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 April 6, 2010 and assigned
Florida document number L1000003729

This amendment is submitted by L1000003729

A. If amending name, registered liability company here:

The new name must be distinct from the name of any existing Florida Limited Liability Company; the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 753

Flagler Beach, FL 32136

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>
AMBR	Carla Cline	PO Box 753	<input checked="" type="checkbox"/> Add
		Flagler Beach, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Celena Zimmerman	PO Box 753	<input checked="" type="checkbox"/> Add
		Flagler Beach, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ciji Cline	PO Box 753	<input checked="" type="checkbox"/> Add
		Flagler Beach, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samuel E Cline	PO Box 625	<input checked="" type="checkbox"/> Add
		Bunnell, FL 32110	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


22 SEP 22 AM 11:01
 DIVISION OF REVENUE
 STATE OF FLORIDA
 ACTION: ADD, REMOVE, CHANGE

22 SEP 22 AM 11:01

22 SEP 22 AM 11:01

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.

Dated September 15 2022



Signature of a member or authorized representative of a member

Celena Zimmerman

Typed or printed name of signee

Filing Fee: \$25.00