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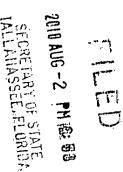
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C. LEWIS

AUG - 3 2010

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo	on rations	
SUBJECT: Sta	teside Farm, LLC Name of Limited Liability Company	
	Name of Diffited Diability Company	
•	i e e e e e e e e e e e e e e e e e e e	
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
•	Daniel Doorakian Esa.	
•	Name of Person Q	
	Katz & Associates Law Firm P.L.	
	rini/Company	
· ·	625 N. Flagler Dr., Suite 605	•
	West Palm Beach, FL 33401 City/State and Zip Code	
	ddoorakianakatzlawpl, com E-mail address: (to be used for future annual report notification)	
For further information con	cerning this matter, please call:	
Daniel Dog	(akian at (561), 721-6730	
Name of F	Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

2010 AUG - 2 PM 图: 图

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Stateside to	arm, LLC	<u>.</u>	•	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now a Limited Liability Com	appears on our r pany)	ecords.)	
The Articles of Organization for this Limited Liability	Company were filed o	NUE no	9, 2010 ar	nd assigned
Florida document number <u>L100007781</u>	9.			
		· · · · · · · · · · · · · · · · · · ·	,	
This amendment is submitted to amend the following:				•
A. If amending name, enter the new name of the li	mited liability compa	ny here:		
Stateside Fo	arm. LIC			
The new name must be distinguishable and end with the w"L.L.C."		Company," the de	esignation "LLC" o	r the abbreviation
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADL	DRESS)			
				• ,
			•	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	. •			
B. If amending the registered agent and/or regi	istered office addres	s on our recor	ds, <u>enter the na</u>	me of the new
registered agent and/or the new registered office ad	dress here:	i	•	1
· Name of New Registered Agent:			<u>.</u>	<u> </u>
New Registered Office Address:		·		
		Enter Floride	a street address	
		_	Florida	
	City	•		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 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 Type of Action Address <u>Name</u> **Title** ☐ Add Remove Remove ☐ Add Remove Remove ∏Add Remove □Add Remove . D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00