

L1100000 3251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

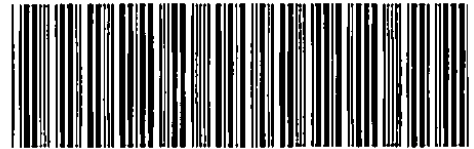
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



7003342072

09/17/19--01002--023

FILED
OCT 1 2019
S. YOUNG

OCT 01 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MW & Sons Farms, 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:

N. Jane Puckett

Name of Person

East Washington Accounting Services Inc

Firm/Company

PO Box 1006

Address

Pierson, FL 32180

City/State and Zip Code

medickj@bellsouth.net

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

For further information concerning this matter, please call:

N. Jane Puckett

386 749-9010

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MW & Sons Farms, 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 January 7, 2011

Florida document number L11000003251

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M W Ferns, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type</u> |
|--------------|-------------|----------------|-----------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> |
| | | _____ | <input type="checkbox"/> R |
| | | _____ | <input type="checkbox"/> C |
| _____ | _____ | _____ | <input type="checkbox"/> A |
| | | _____ | <input type="checkbox"/> R |
| | | _____ | <input type="checkbox"/> C |
| _____ | _____ | _____ | <input type="checkbox"/> A |
| | | _____ | <input type="checkbox"/> R |
| | | _____ | <input type="checkbox"/> C |
| _____ | _____ | _____ | <input type="checkbox"/> A |
| | | _____ | <input type="checkbox"/> R |
| | | _____ | <input type="checkbox"/> Ch |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Dated ✓ 9 - 12, 2019

Signature _____

Signature of a member or authorized representative of a member

Michah W Henry

Typed or printed name of signee