L11000050093

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:, Registration Section Division of Corporations
SUBJECT: Tall Cotton 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:
Lisa Alward Name of Person
Tall Cotton LLC Firm/Company
3020 NE 46th St. Address
Ft. Land. FL. 33308 City/State and Zip Code +all Colfon LLC agmail com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954), 766-4662 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solution}\$\$\$ S55.00 Filing Fee \text{Solution}\$\$\$ Certificate of Status \$\text{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

Tall Cotton 1	LIC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on April 25 ⁺ 2011 and assigned
Florida document number <u>L 110000 5009 3</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Sane
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager on Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Name</u> Address Bette Alward MGRM ☐ Add Remove. ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove \prod Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Thre Signature of a member or authorized representative of a member Usa Alward
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00