

L11000058384

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 1 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PINEAPPLE 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:

Adam Warner

Name of Person

274 E. Eau Gallie Blvd.

Firm/Company

Suite 346

Address

Melbourne, FL 32937

City/State and Zip Code

pineapplefarmsproperties@gmail.com

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

For further information concerning this matter, please call:

Adam Warner

Name of Person

321 890-5373

at ()

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

SEP 30 2013
TALLAHASSEE, FL 32301

2013 SEP 30 AM 8:57

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

PINEAPPLE 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 May 17, 2011 and assigned
Florida document number L11000058384.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

274 E. Eau Gallie Blvd.

Suite 346

Melbourne, FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

274 E. Eau Gallie Blvd.

Suite 346

Melbourne, FL 32937

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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ADAM WARNER	274 E. Eau Gallie Blvd.	<input checked="" type="checkbox"/> Add
		Suite 346	<input type="checkbox"/> Remove
		Melbourne, FL 32937	
MGR	MICHELE WARNER	274 E. Eau Gallie Blvd.	<input type="checkbox"/> Add
		Suite 346	<input checked="" type="checkbox"/> Remove
		Melbourne, FL 32937	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SEP 30 2013
TALLAHASSEE, FL 32310

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/27/13, _____.

Adam Warner
Signature of a member or authorized representative of a member

Adam Warner
Typed or printed name of signee

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