

L11000110142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

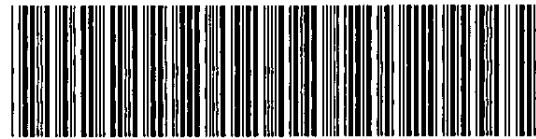
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUL -9 AM 10:40

FILED

J. SAULSBERRY
EXAMINER
JUL 10 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOWNBUDDHA 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:

BRIAN VAIL
Name of Person

TOWNBUDDHA LLC
Firm/Company

2226 CAMPESTRE TER
Address

NAPLES FL 34119
City/State and Zip Code

bvail@thevailco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN VAIL at (239) 877-2287
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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)
- \$15 (OVERPAID
REG AGENT FEE \$10.-
LETTER #712A000.00872)

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**

TOWNBUDDHA 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 9/26/2011 and assigned Florida document number L11000110142.

This amendment is submitted to amend the following:

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

Idea Farm South "LLC"

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)

2226 Campestre Terrace
NAPLES, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 JUL -9 AM 10:10

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:

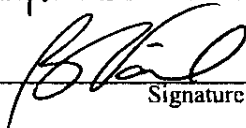
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRIAN VAIL	2226 Campestre Terr NAPLES, FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yuliva Goldenberg	2226 Campestre Terr NAPLE FL 34119	<input checked="" type="checkbox"/> Add <input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2012 JUL -9 AM 10:40
 FILED

Dated 6/22/2012



 Signature of a member or authorized representative of a member

 Typed or printed name of signee