

L11 000 121858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

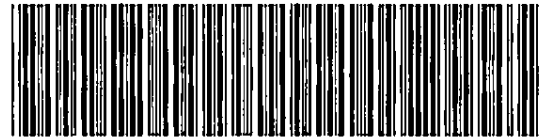
(Business Entity Name)

(Document Number)

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2021 JUN 11 PM 4:45

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7/30/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Parrot Cove Inn, 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:

Dana Whitney
Name of Person
The Grantham Law Firm
Firm/Company
1860 Forest Hill Blvd., Ste. 105
Address
West Palm Beach, FL 33406
City/State and Zip Code
dana@kirkgrantham.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Whitney 561 966-6211
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 JUN 13 10 16 AM

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

Parrot Cove Inn, L.L.C.

(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 10/25/2011 and assigned
Florida document number L11000121858.

This amendment is submitted to amend the following:

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

Even Song Farm, L.L.C.

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

Enter new principal offices address, if applicable:

10560 SE 138th Place Rd.

(Principal office address MUST BE A STREET ADDRESS)

Summerfield, FL 34491

Enter new mailing address, if applicable:

10560 SE 138th Place Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Summerfield, FL 34491

B. If amending the registered agent and/or registered office address on our records, ^fenter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Thomas C Greene

New Registered Office Address:

10560 SE 138th Place Rd.

Enter Florida street address

Summerfield

City

Florida 34491

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 being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas C. Greene	10560 SE 138th Place Rd	<input type="checkbox"/> Add
		Summerfield, FL 34491	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Patrick D. McKenna	10560 SE 138th Place Rd.	<input type="checkbox"/> Add
		Summerfield, FL 34491	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 29, 2021

Thomas C Greene

Thomas C Greene (Jun 24, 2021 18:15 EDT)

Signature of a member or authorized representative of a member

Thomas C Greene

Typed or printed name of signee