

L12000031897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

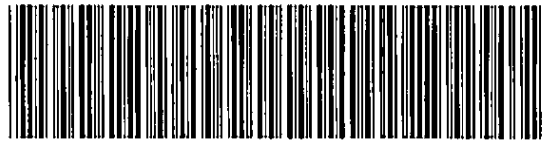
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**PRESSLYPRESSLY
RANDOLPH PRESSLY**

Plaza Center
251 Royal Palm Way, Suite 300
Palm Beach, FL 33480
Phone: (561) 659-4040
Fax: (561) 655-6006
www.PRPLaw.com

James C. Pressly, Jr.
David S. Pressly
John W. Randolph, Jr.
J. Grier Pressly, III
Stephen G. Vogelsang

October 15, 2018

VIA FEDERAL EXPRESS

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

**Re: Trail's End Farm LLC
Document No. L12000031897**

Dear Madam/Sir:

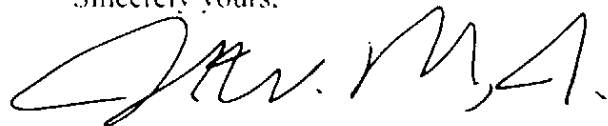
Enclosed please find the following:

1. An original and one copy of the Articles of Amendment to Articles of Organization of Trails End Farm LLC.
2. Check made payable to the Florida Department of State in the amount of \$25.00 representing payment-in-full for the filing fee of the above document.

Please file the original and return the copy to my office stamped "received" in the provided return stamped envelope.

Thank you.

Sincerely yours,



JOHN W. RANDOLPH, JR.

JWRjr/msg
Enclosures

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TALLAHASSEE, FLORIDA

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

Trail's End Farm 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 03/06/2012 and assigned
Florida document number L12000031897.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Albert J. Slater II


New Registered Office Address: 515 SW California Avenue

Enter Florida street address

Stuart, Florida 34994
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 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>
MGR	Albert J. Slater II	515 SW California Ave. Stuart, FL 34994	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eileen Slater	5988 SW Moore Street Palm City, FL 34990	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

In addition, Alexandra Judzio shall serve as an administrative assistant to the Manager and may

act on behalf of the Manager as an authorized representative.

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ **(optional)**

(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 October 15 2018



Signature of a member or authorized representative of a member

Albert J. Slater II, PR of Estate of Eileen Slater

Typed or printed name of signee