

11200000 31897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

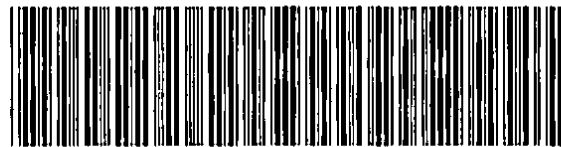
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330178828

06/11/19--01:18--000 \$25.00

2019 JUN 11 PM 2:45

Amend

JUN 24 2019
I ALBRITTON

PRESSLYPRESSLY
RANDOLPH - PRESSLY, P.A.

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

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

June 10, 2019

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:

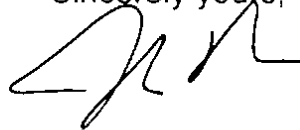
Enclosed please find the following:

1. An original and one copy of the Articles of Amendment to Articles of Organization.
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

cc: Albert J. Slater II, Personal Representative, w/encls., via email

**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)

411 SE Osceola Street

Suite 100

Stuart, FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

411 SE Osceola Street

Suite 100

Stuart, FL 34996

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:

Kathleen K. Slater

New Registered Office Address:

411 SE Osceola Street, Suite 100

Enter Florida street address

Stuart


City

Florida 34996

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	411 SE Osceola Street	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		Stuart, FL 34996	<input type="checkbox"/> Change
MGR	Kathleen K. Slater	411 SE Osceola Street	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Stuart, FL 34996	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated June 10th 2019


Signature of a member of authorized representative of a member

Typed or printed name of signee