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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE
OCT 8 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Menasi		ha Farm, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		David Hughes		
		Name of Person		
Menasha Farm, LLC				
Firm/Company				
	99	51 Brickell Ave. #4010		
		Address		
		Miami, FL 33131	12 OCT SECRE	•
		City/State and Zip Code		27
	dav	ridkhughes@gmail.com	ASSET	2 2
	E-mail address: (to be used for future annual report notificat	ion) right Range	
For further information	concerning this matter, please of	eall:	AM II: 55	Ċ
D	avid Hughes	at (305) 95	51-1112 5A 5A	
	of Person	Area Code & Daytime Te		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ING ADDRESS	0000		

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

Men	asha Farm, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
(<i>,,,</i>			
The Articles of Organization for this Limited Liability (Company were filed on	5/3/2012	and assigned	
Florida document number L12000060415				
	 '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here	:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Compar	y " the designation "	I.C" or the abbreviation	
"L.L.C."	nus Elimed Elability Compai	iy, the designation i	See of the abbreviation	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADD.	RESS)		<u> </u>	
	**************************************		S	
Enter new mailing address, if applicable:			FILI FILI FILI FILI FIARY	
(Mailing address MAY BE A POST OFFICE BOX)				
			SIA (
			- 30 55	
B. If amending the registered agent and/or regis	stered office address on o	ur records, enter	и*	
registered agent and/or the new registered office add		, 		
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 Type of Action **Title** <u>Name</u> **Address** MGR Hughes, William D. 27454 Mistflower Dr. ☐ Add Wesley Chapel, FL 33544 Remove MGR Hughes, Mary M. 27454 Mistflower Dr. ☐ Add Wesley Chapel, FL 33544 ✓ Remove MGR Zwick, Frances E. 3058 Danbury Dr. ☐ Add Florence, KY 41042 √ Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2nd 2012 Dated Signature of a member or authorized representative of a member David K Hughes, MGR

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee