

U12 000068945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

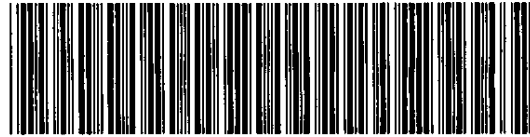
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100254752281

12/18/13--01014--003 \*\*25.00

DEC 19 2013

T CLINE

FILED  
2013 DEC 18 AM 11:15  
CLERK OF SUPERIOR COURT  
JANUARY 15, 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FORMERLY:  
FLORIDA FARMERS MARKET, LLC  
Name of Limited Liability Company  
SOON TO BE: TEAM DAVE, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID MORGAN PALMER  
Name of Person  
TEAM DAVE, LLC  
Firm/Company  
21867 US HWY 331 N  
Address  
LAUREL HILL, FL 32567  
City/State and Zip Code  
DAVE @ FL FARMERS MARKET.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID PALMER at (850) 603 9000  
Name of Person Area Code & Daytime Telephone Number

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)

**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

FLORIDA FARMERS MARKET, LLC

Page 1 of 3

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>
MGR	Heather A. Johnson	21 Walton St	<input type="checkbox"/> Add
		Laurel Hill, FL 32567	<input checked="" 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
			<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.)

---

---

---

---

---

Dated DECEMBER 15, 2013



Signature of a member or authorized representative of a member

DAVID MORGAN PALMER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 DEC 18 AM 11:15  
SECRET  
701 MAR 20 2014