12000068945

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	е)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		į
l		

Office Use Only



100254752281

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

DEC 19 2013 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations FURMERU:	
SUBJECT: FLORIDA FARMERS MARKET, LLC	
Name of Limited Liability Company	
SCON 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, UC Firm/Company	
21867 US HWY 331 N Address	
LAMPEL HU, PL 32567 City/State and Zip Code	2813 DEC 18 Mill:
DAVE @ FL FATE MERS MATRIET. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	# "
DAVID PATMER at (850) 603 9000 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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**

FLUDIDA FARMERS MARKET, ILC

(Name of the Limited I	Liability Compar Florida Limited L		s on our records.)
The Articles of Organization for this Limited Lia Florida document number	bility Company 8945	were filed onO	5/21/2012 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of TEAM D		_	2:
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		21867 [AUPEL	16 HWY 331 N HILL, FL 3252e7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21867 LAVRA	US HWY 331 TO 1
B. If amending the registered agent and/or registered agent and/or the new registered off			ur records, <u>enter the name of the new</u>
Name of New Registered Agent:	DAVID	MORGAN	PAUMER_
New Registered Office Address:	21867	US HW	N 331 N er Florida street address
	LAVREL	Ciņ:	Florida 325(e7 Zip Code
New Registered Agent's Signature, if changing R	egistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Heather A Johnson	21 Walton St	Add
·		Laurel Hill, FL 32567	Remove
			Add
			Remove
			Add Remove
		: : : : : : : : : : : : : : : : : : :	Add
			Remove
			Add
			Remove
			Add
			Remove

	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dat	ed DECEMBER 15. 2013.
	Signature of a member or authorized representative of a member
	DAVID MORGAN PATUMER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00