

L120000121371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

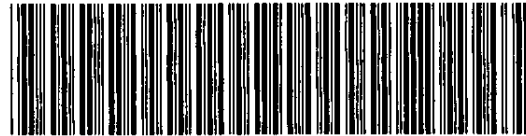
Special Instructions to Filing Officer:

A

Office Use Only

FEB 26 2013

B. KOHR



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02/25/13--01023--028 **25.00

FILED
13 FEB 25 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Fresh Farms, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Ka-tee Heath
Name of Person
Heath Farms LLC
Firm/Company
4028 NW 95th Street
Address
Ocala, FL 34482
City/State and Zip Code
FloridaFreshFarms@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
13 FEB 25 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lakesha Wilson at (352) 425-5676
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 Fresh Farms, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
FEB 28 2 30 PM '60
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

If Changing Registered Agent, Signature of New Registered Agent

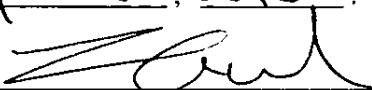
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Heath Fagan LLC	4028 NW 9th Street Ocala, FL 34482	☐ Add ☒ Remove
mgrm	Ka-tee Heath	4028 NW 9th Street Ocala, FL 34482	☒ Add ☐ Remove
mgrm	Red Bird Unlimited LLC	3330 NW 2nd Avenue Ocala, FL 34475	☐ Add ☒ Remove
mgrm	Lakesha A. Wilson	3330 NW 2nd Avenue Ocala, FL 34475	☒ Add ☐ Remove
mgrm	Goodland International L.L.C.	1722 SW 5th Street Ocala, FL 34474	☐ Add ☒ Remove
mgrm	Courtney D. Wilson	1722 SW 5th Street Ocala, FL 34474	☒ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated February 22, 2013.



Signature of a member or authorized representative of a member

Latresia A. Wilson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00