## L12000140304

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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tarms LLC led Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Willian	n R. Sims II Name of Person			
	Flying	S. Farms LLC Firm/Company			
	15225	NW Williams 1	Rd :	2019 544	
	Altha	FL 32421		MAY -6	: ::::::::::::::::::::::::::::::::::::
	E-mail address: (	City/State and Zip Code  195 + 1 + 1 + 10  In the used for future answal report notif	ph.com	5 PH 3:	ëë
For further information c	oncerning this matter, please ca	di:			
Name o	IM R. Sims II	at ( <u>B50</u> ) <u>5216</u> Area Code Daytime	2 - 8445 Telephone Number	_	
Enclosed is a check for the	ne 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 I  Certificate of  Certified Cop  tadditional copy	Status &	
Ман	ING ADDRESS:	STREET/COURI	FR ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flying S	Farms LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{NoV}{5}$ , $\frac{5}{2012}$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	15225 NW WILLIAMS 1 AITHA, FL 32421: 6	Arreov Alio
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:		<del>_</del>
	Enter Florida street address	
	, Florida	

## 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>Address</u> Type of Action <u>Name</u> William A Sims 2356 Fillmore Dr. - Add MGRM Marianna, FL 32448 □ Change □ Add ☐ Remove ☐ Change □ Add 🗖 Кедруче Change \_\_\_\_ Remove \_□ Change  $\square$  Add ☐ Remove □ Change □ Add □ Remove \_□ Change

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Filing Fee: \$25.00