## 112000/60368

(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

Division of Corpo	orations		
Agrestic Prop	perties, LLC		
SUBJECT.		ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Frederick Koehli JR		
	•	Name of Person	
	Agrestic Properties, LLC		
		Firm/Company	
	5629 Boone Court		
	-	Address	
	New Port Richey, FL 34652	2	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	apostophe@gmail.com	be used for future annual report notifica	tion
For further information con	icerning this matter, please cal		iton)
Frederick Koehli JR		727 808-9514	
Name of F	'erson	at ()Area Code Daytime To	elephone 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:

TO:

Registration Section

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

AGRESTIC PROPERTIES, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Comp	oany were filed on 12/26/2012	and assigned
Florida document number L12000160368		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u>s)</u>	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SS: -7
<del></del>		
		5/2 =,
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	5
	E.	
	, FIG	orida

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	CHRISTINE KOEHLI	5629 BOONE COURT	Add
		NEW PORT RICHEY, FL 34652	■ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			ALCO CHARA
			Adu Perinove
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			Remove
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ctive date, if other than the effective date is listed, the date mu e: If the date inserted in this b ament's effective date on the D	st be specific and cannot be prior to date of filing or more than lock does not meet the applicable statutory filing requir	(optional) 190 days after filing.) Pursuant to 605.0, rements, this date will not be listed
iment's effective date on the L	epartment of state's records.	
ecord specifies a delave	d effective date, but not an effective time, a	at 12:01 a.m. on the earlier
ne 90th day after-the rec		and the control of the control
W. W. 2	2010	
d MAY 2	. 2018	
	Signature of a member or authorized representative of a me	ember $\square$
PD PD PD PD 100 110 110 110 110 110 110 110 110 11		
FREDERICK KOEHL		
	Typed or printed name of signee	
		7
		(7)
	Page 3 of 3	

Filing Fee: \$25.00