

L13000090767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 13 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2015

EDWARD G. POFFENBARGER
P.O. BOX 2392
ARCADIA, FL 34265

SUBJECT: ALL AROUND FARM EQUIPMENT, LLC
Ref. Number: L13000090767

We have received your document for ALL AROUND FARM EQUIPMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

POST OFFICE BOX IS NOT ACCEPTABLE FOR REGISTERED AGENT

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00019726

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL AROUND FARM EQUIPMENT, 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:

EDWARD G. POFFENBARGER

Name of Person

ALL AROUND FARM EQUIPMENT LLC

Firm/Company

P O BOX 2392

Address

ARCADIA, FL 34265

City/State and Zip Code

epoffenbarger@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward G Poffenbarger

863 303-1877
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL AROUND FARM EQUIPMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/24/13 and assigned
Florida document number L13000090767

This amendment is submitted to amend the following:

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

N/A

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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

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OF FLORIDA

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL G POFFENBARGER	1480 NE WAYNE STREET	<input type="checkbox"/> Add
		ARCADIA, FL 34266	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDWARD G POFFENBARGER	1480 NE WAYNE STREET	<input checked="" type="checkbox"/> Add
		ARCADIA, FL 34266	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PAUL G. POFFENBARGER NO LONGER A MEMBER OR MANAGER OF LLC.

EDWARD G. POFFENBARGER IS THE SOLE MEMBER, MANAGER AND RESIDENT AGENT OF LLC.

E. Effective date, if other than the date of filing: SEPTEMBER 14, 2015 (optional)

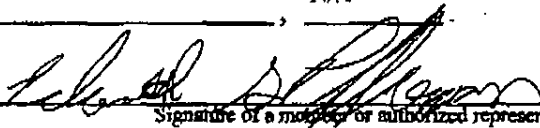
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated N/A

N/A


Signature of a member or authorized representative of a member

EDWARD G. POFFENBARGER

Typed or printed name of signer

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NOTICE OF FILING
FLORIDA