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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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(Doc	cument Number)
Certified Copies	Certificate	s of Status
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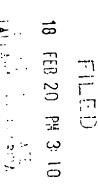
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COVER LETTER

	egistration Sec vision of Corp			
oun mer		HEADZ FARM, LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspor	dence concerning this matter	to the following:	
		DEBRA MACHELL KUB	BICKI	
			Name of Person	
			Firm/Company	
		PO BOX 445		
			Address	
		CORTEZ, FL 34215		
		·	City/State and Zip Code	
		MANDM@TAMPABAY.F		
For further	information co	n-mail address: (i	to be used for future annual report notifies	atton)
D M KUB			941 812-8798 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00	Filing Fce	☐ \$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 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

LETTUCE HEADZ FARM, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/13/2017	and assigned
Florida document number L13000136506		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
JASMINE'S HOME & GARDEN CARE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2615 56TH AVE W	
(Principal office address MUST BE A STREET ADDRESS)	BRADENTON, FL 34207	<u></u>
		
		8 2
Enter new mailing address, if applicable:	PO BOX 445	O 11
(Mailing address MAY BE A POST OFFICE BOX)	CORTEZ, FL 34215	. 72
	···	10 M. Q.
		·· 0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the no
registered agent and/or the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Enter Florida street address Flori	

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
			☐ Remove
			Change
		 	□ Add
		☐ Remove	
			☐ Change
		☐ Remove	
			Change
	A 		
			Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605. requirements, this date will not be liste	.020 ed a
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	me, at 12:01 a.m. on the earlie	∍r c
FEBRUARY 16 2018		

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Filing Fee: \$25.00