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FEB 20 2018

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FEB 20 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LETTUCE HEADZ FARM, 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:

DEBRA MACHELL KUBICKI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 445

\_\_\_\_\_  
Address

CORTEZ, FL 34215

\_\_\_\_\_  
City/State and Zip Code

MANDM@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

D M KUBICKI

941

812-8798

at ( )

\_\_\_\_\_  
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

## LETTUCE HEADZ FARM, LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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18 FEB 20 1967  
A. J. ...  
...  
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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 FEBRUARY 16 2018

Debra Michael Kuhl  
Signature of a member or authorized representative of a member

DEBRA MACIELL KUBICKI

Typed or printed name of signee