

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900308406249

02/05/18--01018--023 **25.00



CCB 0 6 2018

· · · · · · · KER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UFP CONSULTANTS LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000011774</u>	pany were filed on 01/22/2014 and assigned
This amendment is submitted to amend the following:	
A. It amending name, enter the new name of the limited	liability company here:
URBAN FARM CONSULTANTS LLC	
The new name must be distinguishable and contain the words "Limited l	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:	S)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18 F
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the here:
Name of New Registered Agent:	5 6
New Registered Office Address:	Enter Horida street address
	, Florida
	Cuy Zip Code

New Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			SS: Change
.			SST Change
			Remove
		<u> </u>	□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach ac	administration of the control of the
	
	/
	/
	- CO
	EB
-/	SS: 45 C::
<i>'</i>	
	% dis
Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605,0207
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	tiling requirements, this date will not be listed as
document of energy characters of the breezeway.	
he record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier of
The John day after the record is filed.	
Dated FUB 1 1 2.2018	
Dated 18B J. 18	
1101/16/1	
Signature of a member or authorized represen	Native of a member
Signature of a member of authorized represen	nauve of a memoer
DERK B SPILMAN	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00