

L14000062107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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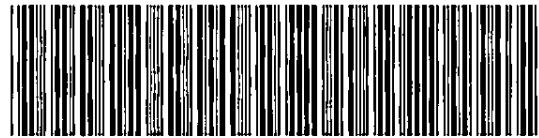
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

OCT 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Misty Morning Four, 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:

Richard K. Dean

Name of Person

Firm/Company

5511 SW 12th Place

Address

Cape Coral, FL 33914

City/State and Zip Code

~~rdcan33914@mo.com~~

clutch farms@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard K. Dean

Name of Person

at (239) 633-4688

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**

Misty Morning Four, 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 April 14, 2014 and assigned Florida document number L14000062107.

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 ADDRESS)

5511 SW 12th Place

Cape Coral, FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5511 SW 12th Place

Cape Coral, FL 33914

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:

Richard K. Dean

New Registered Office Address:

5511 SW 12th Place

Enter Florida street address

Cape Coral

City

, Florida 33914

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard K. Dean	5511 SW 12th Place	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael J. Gavala, III	1344 Walden Drive	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott M. Rush	21010 Six L's Farm Road	<input checked="" type="checkbox"/> Add
		Estero, FL 3	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karen K. Aust	16252 Estuary Court	<input type="checkbox"/> Add
		Bokeelia, FL 33922	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: September 29, 2017 (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 September 28, 2017

Richard K. Koon

Signature of a member or authorized representative of a member

Richard K. Dean

Typed or printed name of signee

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA