# L14000079796

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
APR - 6 2022
- <b>- -</b>

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FILED

Office Use Only

# **COVER LETTER**

### TO: Registration Section Division of Corporations

Farm LLC Worthy t Name of Lin SUBJECT: 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:



For further information concerning this matter, please call:

homas at (5(01) 254-1452. Area Code Daytime Telephone Number Name of Persor

Enclosed is a check for the following amount:



S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	0	
ARTICLES OF C O		FILED
(Name of the Limited Liability Compa (Name of the Limited Liability Compa (A Florida Elmited)	ny as it now appears on our record Liability Company)	2022 MAR 22 PH 12: 14 SECRETARY OF STATE ALLAHASSEE, FLORE
The Articles of Organization for this Limited Liability Company	were filed on <u>5/16/2</u>	1014 and assigned
Florida document number <u>L14000079796</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	Rruns I.L.C.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDRESS)</u>	13845 854 W.P.B.FL	4 AD N - 33402
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u> )	P.O. Box W.P.B.FL	33416
<b>B.</b> If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u> i	<u>r the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	·/////////////////////////////////////
	, F	lorida
	City	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 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>	Name	<u>Address</u>	Type of Action
			□Add
			Change
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		<u></u>	
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			🗆 Remove
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			🗇 Remove
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			□ Remove
			Change
			🗔 Add
			Change

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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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	er than the date of I, the date must be speci		11			

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	Aut Think	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	