

L14000087519

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000173844 3)))



H140001738443ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SIEGELAUB, ROSENBERG, GOLDING & FELLER, P.A.
Account Number : 119990000058
Phone : (954) 753-2222
Fax Number : (954) 753-1123

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NINA #2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED

14 JUL 22 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

14 JUL 22 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burt 08/23/2014

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NINA #2, 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 JUNE 2, 2014 and assigned Florida document number L14000087519.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FARMER #1, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 JUL 22 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H140001738443

07-22-'14 13:19 TO- 18506176383

FROM- SIEGELAUB PA, INC

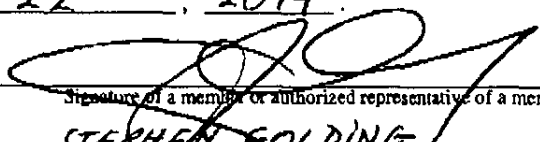
P0004/0004 T-886 F-966

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 22, 2014



Signature of a member or authorized representative of a member
STEPHEN GOLDING

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 PM 4:45

FILED

H140001738443