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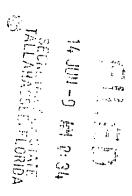
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COVER LETTER

TO: Registration Sector Division of Corp.			
SUBJECT:	Absher Fa	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Byron	Stewart Name of Person	<u></u>
	Absher	FARMS LLC Firm/Company	
	7319 SANd:	Scale Cart, St	te 8
	_	FL 32792 City/State and Zip Code	
	E-mail address: (to	- Una MK E Q P . Con o be used for future annual report notifica	ation)
For further information co	ncerning this matter, please ca	ill:	
Byron S Name of	Stewart Person	at (<u>467</u>) <u>242 - 4</u> Area Code Daytime 1	1408 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absher Farms 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 06 03 2014 and assigned
Florida document number <u>L 140000 89214</u> .
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 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)
Enternamentaline address if amplicable.
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
Nome of New Projectored Aposts
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amend	ing the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of
Authoriz	ed Member being added or removed from our records:
MCR =	Manager
MOK-	17 an agei

AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> Byron L. Stewart 1650 Absher Road <u>MG PM</u> St Cloud, FL 34771 _□ Add ☐ Remove _□ Add ☐ Remove ALLAHAS! ☐ Remove ☐ Add _□ Remove

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
(The effe	ve date, if other than the date of filing:
Dated	June 5 , 2014.
	(Stewart
	Signature of a member or authorized representative of a member
	Caren Stewart
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

