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COVER LETTER

TO:

Registration Section

Division of Cor	perations		
Waller Fari	ms LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	amitted for filling	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessie Waller		
		Name of Person	 _
	Waller Farms LLC		
		Firm/Company	
	PO Box 1224		
		Address	
	Inverness/ Florida 34451		
		City/State and Zip Code	
	jwaller0114@gmail.com	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	·	(incation)
Jessie Waller		352 789-9631	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of	Tallahassee oe Street, Suite 810
i ananassee, i	こしつとう14	∠410 N. MONTO	or street, suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Waller Farms LLC

2021 DEC 17 PM 2: 12

(A Florida Limi	ited Liability Company)	CONTRACT OF THE PROPERTY OF TH
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000112152</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 contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
3. If amending the registered agent and/or registered offi	ice address on our records, e	nter the name of the new regis
igent and/or the new registered office address here:		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida Zip Code
	City	Zin Cada

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>	Address	Type of Action
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			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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