

L14000130421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

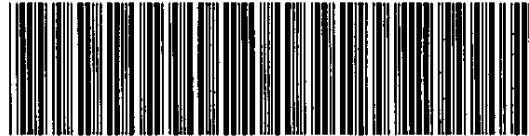
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 24 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 27 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fresh Farm Certified 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:

Peter Hubshman

Name of Person

Fresh Table Farms LLC

Firm/Company

261 NE 19th Ave #1

Address

Deerfield Beach FL 33441

City/State and Zip Code

alwaysliveonline@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hubshman

Name of Person

at (917) 847-3005

Area Code

Daytime 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**

Fresh Farm Certified 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 08/20/2014 and assigned Florida document number L14000130421.

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)

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:

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 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>
AMBR	Fresh Table Farms LLC	261 NE 19 th Ave #1	☒ Add
		Deerfield Beach FL	☐ Remove
		33441	☐ Change
MGR	Peter Hubshman	261 NE 19 th Ave #1	☐ Add
		Deerfield Beach FL	☒ Remove
		33441	☐ Change
MGR	James Hubshman	261 NE 19 th Ave #1	☐ Add
		Deerfield Beach FL	☒ Remove
		33441	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

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CLERK OF THE
COURT

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

Resolved that Fresh Table Farms LLC
be and hereby is the sole member
and manager of the LLC effective for
the year 2015 and beyond and that
the manager is directed to take any
and all actions necessary to make
such change.

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

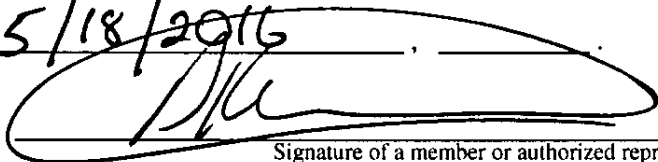
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/18/2016



Signature of a member or authorized representative of a member

Peter Hubshman, Fresh Table Farms LLC

Typed or printed name of signee

FILED
16 MAY 24 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA