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COVER LETTER

TO: I	Registration Se Division of Co	ection rporations		
erin ir e	Melrose Ho	ome Marketplace, LLC		
SUBJEC	1:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Laura Grala		
			Name of Person	
		THE MODERN FARMHO	DUSE, LLC	
			Firm/Company	
		23029 Oak Prairie Circle		
			Address	
		Sorrento, FL 32776		
		- 	City/State and Zip Code	
		info@themodfarm.com		
		E-mail address: (t	to be used for future annual report noti	fication)
For furthe	er information o	concerning this matter, please ca	all:	
Laura Gr	<u>. </u>		407 324-6337 at ()	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	0 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:

TO:

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

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our recontability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liab Florida document number L14000196087	oility Company	were filed on December 30, 2	014 an	d assig	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
THE MODERN FARMHOUSE, LLC					
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ity Company," the designation "Ll	.C" or the abbreviation		C."
Enter new principal offices address, if applical	ole:	23029 Oak Prairie Circle	<u> </u>	201m	
Principal office address MUST BE A STREET		Sorrento, FL 32776	22		i
			(A)		P-1
Enter new mailing address, if applicable:		23029 Oak Prairie Circle	me me me	70 172 3	
Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Sorrento, FL 32776	3.5		
B. If amending the registered agent and/or registered agent and/or the new registered offi Name of New Registered Agent:			ds, enter the na	ime of	f the
N D 1 1007 All	23029 Oak Pra	irie Circle			
New Registered Office Address:		Enter Florida street addr	ess		
	Sorrento	.1	Florida 32776		
		City	Zip (Ca.L.	

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:

<u>l'itle</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
	 		
			☐ Remove
			□ Change
			☐ Remove
			Change
···			□ Add
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ote: If the date inserted in this b	ock does not meet the applicable statutory filing	requirements, this date will not be liste
ocument's effective date on the I	repartment of State's records.	
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective tir	ne, at 12:01 a.m. on the earlie
The sour day after the rec	ord is filed.	
May 14th	2018	;;
ated		i i
	(Inc.	
/ Xaux	Signature of a member or authorized representative o	of a member
	·	黑色 好
Laura Grala		

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Filing Fee: \$25.00