# #L15000056258

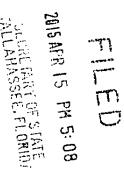
(Re	questor's Name)	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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KSALY EXAMINER APR 28 2015

# **COVER LETTER**

Dr.

TO: Registration Section Division of Corporations
SUBJECT: Farmer'5 Financial Planning, 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:
Buddy Farmer Name of Person
Firm/Company
13275 116th Ave Address
Larga, FL 33778 City/State and Zip Code
Dmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 631-4865 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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

ARTICLES OF O	ORGANIZATION / // _
0.	F 2015.
(Name of the Limited Liability Compar (A Florida Limited L.	PRGANIZATION  F  2015 APR 15 PM 5  ny as it now appears on our records  APR 15 PM 5  LLAHARY OF STAT
The Articles of Organization for this Limited Liability Company	were filed on Mac 30 10(5 and assigned
Florida document number <u>L15 0066 56258</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liabi	ility 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 of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new e:
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBK = Au	itnorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Buddy Farmer	13275 116th Ln	<u> D</u> Add
		Largo, FL 33778	□ Remove
AMBR	Buddy Farmer	13275 11644 47	<b>É</b> Add
		Cargo, FL 33778	☐ Remove
<u> </u>	Latita Williams		□ Add
			PRemove
<del></del>			Add
			TO Remove 15 PH
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			Remove

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<del></del>	
 Effective	date, if other than the date of filing: (optional)
The effective	re date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	April 8 , 2015.
	Boll B. From -
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

