Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000190273 3)))



H150001902733ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: WWhite (a) haile Shaw. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AUG -6 AM 10: 56 DRETAKY OF STATE LAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	- O
Page Count	03
Estimated Charge	\$25.00

AUG 07 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

FAN: H15000190273 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA FERME ENTERPRISES, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now oppears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	my were filed on 06/04/20	and assigned
Florida document number L15000097385		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited it	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation	on "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)		7100
·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, enter the name of the new
		温泉 臺 口
Name of New Registered Agent:		5T (0
New Registered Office Address:		जुल द
	Enter Florida street (address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agen	•	Zip Cour
I hereby accept the appointment as registered agent and a		I finished among to comply with the
i nereny accept the appointment as registered agent and as	gree to uct in this cupacity	, I juriner agree to comply want the

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

Page 1 of 3

FAN: H15000190273 3

MGR = Manager

_ 🗆 Add

_ Remove

FAN: H15000190273 3

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:

AMBR = Authorized Member Title <u>Name</u> Address Type of Action Susan J. Luckner 146 Coventry Place MGR Palm Beach Gardens, FL 33418 □ Remove □ Add _□ Remove Remove [] -۵ □ Add

Page 2 of 3

		
ctive date, if other than the da ffective date must be specific, cannot I late this document is filed by the Florid	ate of filing: be prior to date of receipt or filed date and can in Department of State)	(optional) not be more than 90 days after
_d August 6,	2015	

Page 3 of 3

Filing Fee: \$25.00

15 AUG -6 AH 9:54