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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

APR 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH CALEDONIA FARM, 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:

JUSTIN J. KLATSKY

Name of Person

VALRICO LAW GROUP, PLLC

Firm/Company

3626 ERINDALE DRIVE

Address

VALRICO, FL 33596

City/State and Zip Code

justin.klatsky@valricolawgroup.com

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

For further information concerning this matter, please call:

JUSTIN J. KLATSKY

813

661 - 5180

at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTH CALEDONIA FARM, 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 10/09/15 and assigned
Florida document number L15000172445.

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

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2020 APR 14 4 3:43
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TALLAHASSEE, FLORIDA

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>
MGR	RICHARD KANE	511 E. BLOOMINGDALE AVENUE	<input type="checkbox"/> Add
		BRANDON, FL 33511	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRYCE ELLIOT	2471 NE COUNTY ROAD 219A	<input checked="" type="checkbox"/> Add
		MELROSE, FL 32666	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHASE ELLIOT	530 TURKEY CREEK	<input checked="" type="checkbox"/> Add
		ALACHUA, FL 32615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KYE ELLIOT	2471 NE COUNTY ROAD 219A	<input checked="" type="checkbox"/> Add
		MELROSE, FL 32666	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated April 8, 2020

Typed or printed name of signee

Filing Fee: \$25.00