

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corpo	orations			
SUBJECT:	Ease Land	t Organic Farm	LIC	
	Name of Lit	ntted Elabitity Company		
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please return all correspond	dence concerning this matte	r to the following:		
	Tamee	e Lee		
		Name of Person		
	Ease La	nd Organic Farm WC	· · · · · · · · · · · · · · · · · · ·	
	9005 147			20 S:
		Address		72 OF
	Live Oak	2022 DCT 26 PH 4: 49 SECRETARY OF SINTE		
			ess.	
	E-mail address:	lase landorganic farm. Co be used for future annual report notion	ication)	me =
For further information con	ncerning this matter, please	eall:		TH 6
Jamel Name of I	lee	at (<u>84.7</u>) <u>852 - 6</u> Area Code Daytim	796	
Name of I	Person	Area Code Daytim	: 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)	Certified (of Status &
Mailing Address:		Street Address:	ution	
Registration So Division of Co		Registration Sec Division of Cor		
P.O. Box 6327	-	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ease Lund Organic	Farm LLC	rangerete)
(Name of the Limited Liability Con (A Florida Limit	ed Liability Company)	1 ccorus.)
The Articles of Organization for this Limited Liability Compa	my were filed on 10 11	and assigned
Florida document number <u>L15000 17 6843</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	
Enter new principal offices address, if applicable:		2022 SEC
Principal office address MUST BE A STREET ADDRESS.	<u> </u>	- R 6 T
		N 6
		P P
Enter new mailing address, if applicable:		Profession States
Mailing address MAY BE A POST OFFICE BOX)		
		1.1
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records	enter the name of the new registered
Name of New Registered Agent:	Jamee Lee	
New Registered Office Address:		
	Enter Florida stree	a address
		, Florida Zip Code
	Ciţv	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>	Type of Action
Manger	Sheehyung Sung		🗆 🗅 Add
		9005 147m Rd. Live Oak FL3	2060 ⊠Remove
			□Change
Manager	Jamee Lee	9005 147m Rd. Live Oak FL 3	2ο60 / ⊠Add
			Remove
			□Change
			□Add
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record specifies a delayed e l is filed.	ffective date, but	not an effect	ive time, at 1	2:01 a.m. on	the earlier of	(b) The 90th	day afi	ter the
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