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SECRETARY OF STATE
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S. YOUNG

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	& F Land	& Livestock, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	<u>-</u>		
		Charles Farren			
			Name of Person		
			Firm/Company	<del></del>	
		3466 Peanut Rd			
			Address	<del></del>	
		Cottondale, FL 32431		SEC TAU	
			City/State and Zip Code		1
		payroll@ristertax.com	to be used for future annual report notific	\$ 5 F	 [7
For further info	rmation co	oncerning this matter, please ca	1		C
Charles Farren		•	334 685-3832	2: 57 TATE ORIBA	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a ch	neck for th	e following amount:			
■ \$25.00 Filii	ng 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)	
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661-Executive Cen	tions	

Tallahassee, FL 32301

Same were

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & F Land & Livestock, 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  $\frac{11/01/2015}{1}$ and assigned Florida document number L15000182551 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Farren Farms, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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iieci an ef	fective date, it other than the fective date is listed, the date mu	e date of fifing: est be specific and can	not be prior to date of	filing or more than 90 days	optional) after filing.) Pursuant to 605.0207
ote:	If the date inserted in this b nent's effective date on the D	lock does not meet	the applicable statu	tory filing requirements	s, this date will not be listed as
ocun	iem s'encetive date on the E	repartment of State	s records.		
e re	cord specifies a delaye	d effective date	hut not an eff	ective time at 12:	01 a.m. on the earlier of
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ated	November 13, 2015	, _	<i></i> .		
		$\langle Y \rangle A$			
	/		<u> </u>	csentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00