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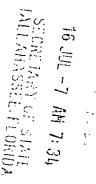
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PICK-UP	☐ WAIT	Phone #)  IT
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ittle	- Forest Farm, LLC	,	
SUBJE	CI:	Name of Limit	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	o the following:	
		Edward	Gallagher Name of Person	
			est Farm LLC Firm/Oompany	
		15500 rn 15		
		Newberry Fle	Orida 3210109 City/State and Zip Code	1944-1
	1.	Adand Kris 2	O be used for future annual report notific	ation)
For fur	ther information co	ncerning this matter, please ca	11:	
Edward Gallagher Name of Person		lagher Person	at (352 479.413 Area Code Daytime 7	Z. Felephone Number
Enclose	ed is a check for th	e following amount:		/
<b>□ \$</b> 25	5.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Little Forest Fa	irm LLC	
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on ///14/2015	and assigned
This amendment is submitted to amend the following	g:	
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 AL	DDRESS)	
		and and the second of the seco
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re	evistered office address on our records e	nter the name of the nev
registered agent and/or the new registered office	• -	500
Name of New Registered Agent:		SSYVII
New Registered Office Address:		20 3
	Enter Florida street address	07.7
	, Floric	
	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 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>	Address	Type of Action
AMBR.	Kristine Gallagher	15500 SW 15th avenue Newburry FI.	<i>32069</i> □ Add
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effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable s				
ument's effective date on the Department of State's records.				
report expelling a delayed effective date, but ask an	offestive time at 12:0	1	tha a	a-lion
record specifies a delayed effective date, but not an ne 90th day after the record is filed.	enective time, at 12:0	I a.iii. On	uie e	ai ilei
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ed 7-2-2016				

Page 3 of 3

Filing Fee: \$25.00