MODOCONTAI

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300299630453

06/02/17--01006--017 **25.00

2017 JUN - 2 PH 1:52
SECRETARY OF STATE
ANASSEF, FLORIDA

K. SALY JUN - 5 2017

COVER LETTER

		ation Secti n of Corpo					
CHDIEC		initty Farm					
SUBJEC	1:		Name of Lim	ited Liability Company			
The enclo	sed Ar	ticles of An	nendment and fee(s) are sub	mitted for filing.			
Please ret	urn all	correspond	ence concerning this matter	to the following:			
				Name of Person			
			Harbor Compliance				
		Firm/Company					
			48-50 W. Chestnut Street, Suite 301				
		Address					
			Lancaster, PA 17603				
			City/State and Zip Code				
			infinittyfarm@gmail.com	to be used for future annual report r	atification		
For furthe	r infor	nation cond	cerning this matter, please ca	•	ionneadon)		
Harbor C	omplia			717 723-9317 at ()			
		Name of Pe	erson	Area Code Day	time Telephone Number		
Enclosed	is a che	ck for the f	following amount:				
\$25.0	0 Filing	g 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



Infinitty Farm, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L16000001781			
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 L	iability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2775 NW 49th Ave.		
(Principal office address MUST BE A STREET ADDRE.	Suite 205-221		
	Ocala, Florida 34482		
Enter new mailing address, if applicable:	2775 NW 49th Ave.		
(Mailing address MAY BE A POST OFFICE BOX) suite 205-221 Ocala, Florida 34482	· · · · · · · · · · · · · · · · · · ·		
	Ocala, Florida 34482		
registered agent and/or the new registered office address	nere:		
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a ddress		
	Enter Floridu street address , Florida City Zip Code		
	City , Florida Zip Code		
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent Agent and a provisions of all statutes relative to the proper and compared to the proper and to the proper and the pro	, Florida City Zip Code ent: agree to act in this capacity. I further agree to comply with th lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is		

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>	Name	Address	Type of Action
MGR	Tara DiNapoli	9545 SW 9th Terrace Ocala, FL., 34476	
			Remove
			Change
			
			Remove
			D COM nge
			TIL TIL
			Behangeur
			Add
			□ Remove
			☐ Change
<u> </u>		 	Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change

		_
	11-	_
		-
- Marie Company of the Company of th		-
		
	= ()	
	* 55	
	THE PLANT OF THE PARTY OF THE P	
	V. 7	- 2
	· · · · · · · · · · · · · · · · · · ·	<u>.</u> ب
		ار دي دي
	000	_
And the second s		-
		-
tive date, if other than the date of filing:	e of filing or more than 90 days after filing) Pursuant to 605	5 020
e: If the date inserted in this block does not meet the applicable s		
ament's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an	effective time at 12:01 a.m. on the earli	or i
ne 90th day after the record is filed.	effective time, at 12.01 a.m. on the earn	E 1
d May 24 , 2017.	•	
(MI)		
- Lan	representative of a member	
Signature of a member or authorized	representative of a memori	
Signature of a member or authorized	representative of a memoer	

Page 3 of 3

Filing Fee: \$25.00