

L160000 10623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

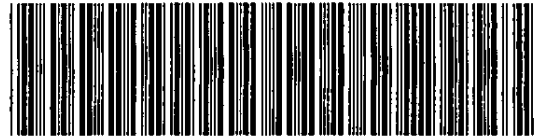
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 05 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LILLY VALLEY FARMS, 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:

STEVEN L CROSBY

Name of Person

LILLY VALLEY FARMS

Firm/Company

2010 SMITTY ROAD

Address

WEIRSDALE, FL 32195

City/State and Zip Code

stevecrosby1983@gmail.com

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

For further information concerning this matter, please call:

STEVEN L CROSBY

352 575-4532
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LILLY VALLEY FARMS, 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 12/21/2015 and assigned
Florida document number L16000010623.

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:

2010 SMITTY ROAD

(Principal office address MUST BE A STREET ADDRESS)

WEIRSDALE, FL 32195

Enter new mailing address, if applicable:

P.O. BOX 2022

(Mailing address MAY BE A POST OFFICE BOX)

BAY CITY, FL 48707

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:

SHAREN ELAINE HUTCHINSON

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

16 AUG - 16 AM 11:25
☐ Remove
☐ Change
☐ Add
☐ Remove

16 AUG -4 AM 11:25
STATION 5141
ALABAMA, FLORIDA

16 AUG -4 AMH:25
SOUTH DAVENPORT FLORIDA

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 _____

Stuart L. Cook

Signature of a member or authorized representative of a member

SHAREN ELAINE HUTCHINSON

Steven L Crosby
d or printed name of signee

Typed or printed name of signee