

L160000 26970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

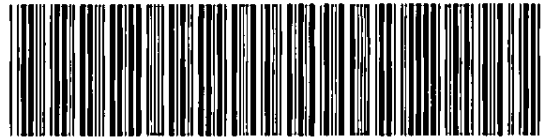
(Business Entity Name)

(Document Number)

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02/21/20--01016--003 \*\*30.00

2020 FEB 21 PM 12:22

R. WHITE  
MAR 12 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 241 Seventh Street 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:

Creighton Brown

Name of Person

Firm/Company

400 Bobby Cato St

Address

Apalachicola, FL 32320

City/State and Zip Code

creightontbrown@gmail.com

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

For further information concerning this matter, please call:

Creighton Brown

Name of Person

at (413)

Area Code

717-0936

717-0936

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

241 Seventh Street LLC

2020 FEB 21 PM 12:22

(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 02/08/2016 and assigned  
Florida document number L16000026970.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Turtle Pond Farm LLC

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 ADDRESS)**

400 Bobby Cato

Apalachicola, FL 32320

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Turtle Pond Farm LLC

400 Bobby Cato

Apalachicola, FL 32320

**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:

400 Bobby Cato

*Enter Florida street address*

Apalachicola

*City*

, Florida 32320

*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>	<u>Type of Action</u>
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[illegible]

**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 February 14, 2020

Creighton Brown

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Typed or printed name of signee