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R. WHITE. MAR 12 2020

COVER LETTER

TO:

TO: Registration Division of C			
	enth Street LLC	•	
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles	of Amendment and fee(s) are submit	ted for filing.	
Please return all corres	spondence concerning this matter to t	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 b	e used for future annual report not	ification)
For further informatio	n concerning this matter, please call:		
Creighton Brown		413 717 © 936 at () 717 - 0	9 36
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	str the following amount: \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is saclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

241 Seventh Street LLC

2020 F ED 21 PH 12: 22

(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited l	iny as it now appears on our red Liability Company)	cords.)			
The Articles of Organization for this Limited L Florida document number L16000026970	iability Company	were filed on <u>02/08/2016</u>	and assigned			
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here:				
Turtle Pond Farm LLC						
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applic	:able:	400 Bobby Cato				
(Principal office address MUST BE A STREE		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 agent and/or the new registered office address: New Registered Office Address:			iter the name of the new registered			
THE TOP MORNING OTHER CHANGES.		Enter Florida street aa	ldress			
	Apalachicola		, Florida <u>32320</u>			
		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 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>	Type of Action
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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