116000060363

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Entry Name)
(Document Number)
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COVER LETTER

Division o	of Corporations
	FARM REPAIR, LLC
NOBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	ROBERT T. HUDSON
	Name of Person
	ROBERT T. HUDSON, CPA, LLC
	Firm/Company
	308 NORTH MAIN STREET
	Address
	ATMORE, ALABAMA 36502
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
ROBERT T HUDS	SON 251 368-5730
N	at () Jame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

C&W Farm Repair, LLC

| Name of the Limited Liability Company as it now appears on our records. | CA Florida Limited Liability Company were filed on | March 22, 2018 | A Florida document number | L16000060363 | L160000060363 | L16000060363 | L160

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:	Enter Florida street	address
	City	, Florida

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
. 1 400	DENNIS WEAVER	6901 PINE BARREN ROAD	
AMBR			
		CENTURY FL 32535	
			Remove
			□ Change
			🗖 Add
			☐ Remove
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ective date, if other than the c		BER 31, 2018	(option	al)
effective date is listed, the date must te: If the date inserted in this bloom	be specific and cannot be pr		nore than 90 days after fil	ing.) Pursuant to 605.02
rument's effective date on the Dep			ig requirement, this c	We will have be more
record specifies a delayed he 90th day after the reco		not an effective	time, at 12:01 a.r	n. on the earlier
JANUARY 25 ted	2019	·		
	106			
Can't !	ignature of a member or at	ithorized representativ	e of a member	