

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1600095299

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To:
Division of Corporations
Fax Number : (850) 617-6383

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Account Number : I20010000062
Phone : (323) 962-8600
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUTTY SARK FARMS, LLC

Certificate of Status	0
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Page Count	06
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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JUN 27 2016
D. BRUCE

Jun 23 16 08:32a

John Worling

386-795-7977

p.2

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: CUTTY SARK 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

john@horangiholdings.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

at (800) 773-0888 ext. 9724

*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 323012016 JUN 24 P 12:40
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Jun 23 16:08:32a

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p.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUTTY SARK 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 05/16/2016 and assigned
Florida document number L16000095299

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 end with 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**)

Enter new mailing address, if applicable:

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

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 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

Jun 23 16 08 32a

John Worling

386-795-7977

p.4

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	John L. Worling	120 South Grandview Ave.	<input type="checkbox"/> Add
		Daytona Beach, Florida 32118	<input checked="" type="checkbox"/> Remove
AMBR	Horangi Holdings, LLC	120 South Grandview Ave.	<input checked="" type="checkbox"/> Add
		Daytona Beach, Florida 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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p.5

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 06/23/2016



Signature of a member or authorized representative of a member

John Worling, Manager, on behalf of Horangi Holdings, LLC

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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