

L160000112711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

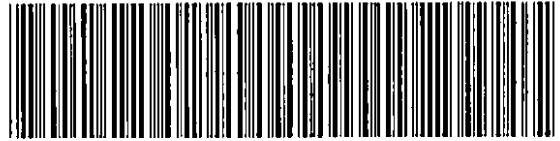
(Document Number)

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2018 DEC -4 AM 11:16
CLERK OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2018 DEC -4 AM 11:08

DEC 4
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ripe City Urban Farm
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:

Sarah Bardolph
Name of Person

Ripe City Urban Farm
Firm/Company

1876 Mill St.
Address

Tallahassee, FL 32310
City/State and Zip Code

ripecityfarm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Bardolph at (750) 570-4290
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

FILED
2018 DEC -4 PM 11:16
U.S. DISTRICT COURT
N. DISTRICT OF CALIF.
SAN FRANCISCO
and assigned to

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	Sarah Bardolph	1876 Mill St	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32310	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Newman	400 W 6 th Ave	<input type="checkbox"/> Add
		Tallahassee, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/4/18


Signature of a member or authorized representative of a member

Sarah Bardolph
Typed or printed name of signer

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CLERK OF COURT
TALLAHASSEE, FLORIDA