1160001127

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050 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
1876 Mill St. Address
Tallahassee, FL 32310 City/State and Zip Code
ripe city farm @ amail.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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ripe City U (Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number 116000112 This amendment is submitted to amend the follow	ility Company v 711	Farm y as it now appear ability Company) vere filed on	LLC s on our records.) (6/10/2016	FILED FILED FILED FILED FILED FILED
A. If amending name, enter the new name of the	_	ity company he	ere:	
A. If affectioning name, enter the new name of the	ic minico mai/n		<u></u> .	
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	1876	mill St	
(Principal office address MUST BE A STREET.	ADDRESS)	Tallaha	ssee, FL	32310
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	1876 Tallaha	Mill St.	32310
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter	the name of the new
Name of New Registered Agent:	Sarah	Bardolp	<u>, 4</u>	
New Registered Office Address:	18.76	Mill St. Enter Floa	rida street address	32310 Zip Code
	Tallahas	see	, Florida _	32310
		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 fileà 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.

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
MGR	Sarah Bardolph	1876 Mill St	j≅ (Ådd
	·	Tallahassee, FL 32310	□ Remove
			Change
MGR	David Newman	400 W 6th Ave	□ Add
		400 W 6th Ave Tallahassee, FL 32303	⊠ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		🗆 Add	
			Remove
			Change
	<u> </u>		🗆 Add
			☐ Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:0. The 90th day after the record is filed.	this date will not be listed as the
Dated $\frac{12/4/18}{}$.	1 82
Dated 12/4/18 Signature of a member or authorized representative of a member	2018 D
	FIL DEC -4 VARASSE
Sarah Bardolph Typed or printed name of signee	F11 .
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Page 3 of 3	芸術 コ

Filing Fee: \$25.00