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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer.	

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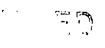
C. GOLDEN DEC 2 7 2013

COVER LETTER

TO: Registration Division of C				
	Road Farm, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Dr. Maria I. Pouncey			
		Name of Person		
	Bumpy Road Farm, LLC	>		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	192 Deer Ridge Trail			
		Address		
	Tallahassee, FL 32312			
		City/State and Zip Code		
	pouncey_maria@yahoo.			
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual report no all:	otification)	
Dr. Maria I. Pouncey	′	850 528-6655		
Nam	e of Person	Area Code Dayt	ime Telephone Number	
Enclosed is a check for	r 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 Add		Street Address:	laction	
Registration of	n Section Corporations	_	Registration Section Division of Corporations	
P.O. Box 6	327	The Centre of	The Centre of Tallahassee	
Tallahassee	e, FL 32314	2415 N. Moni	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 DEC 27 PH 1: 18

Bumpy Road Farm, LLC	2012 7 7 7 7 11 10 10
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000181495	Sept. 27, 2016 and assigned
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 contain the words "Limited Liability Company," the	e 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)	*M*//
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Richmond E. Pouncey (Decease	192 Deer Ridge Trail,	□Adđ
		Tallahassee, FL 32312	■Remove
			□Change
AMBR Joshua D	Joshua DeGraw	232 Deer Ridge Trail	□Add
		Tallahassee, FL 32312	■Remove
			☐ Change
AMBR Carlos E. Pouncey	Carlos E. Pouncey	192 Deer Ridge Traill	□Add
		Tallahassee, FL 32312	■Remove
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

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Fffect	ate, if other than the date of filing: (optional)
(If an eff Note:	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as deffective date on the Department of State's records.
e recor	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ember 26 2019
	Signature of a member or anthorized representative of a member

Filing Fee: \$25.00