L16000194470

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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HARRIS

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Dragonfly Landing Fus M 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:
Linda Stout Name of Person
Dragonfly Landigna Farm, LLC Firm/Company
\$6540 SR 70 FAST Address
SUP 62875 In a Jahoo, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at 941 224 0743 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2017 -

LINDA STOUT 46540 SR 70 E MYAKKA CITY, FL 34251

SUBJECT: DRAGONFLY LANDING FARM LLC

Ref. Number: L16000194470

2017 MAR 30 PM 3: 01

We have received your document for DRAGONFLY LANDING FARM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00005273

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Drawnfry Landing form,	HC	·	
(Name of the Limited Riability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)	-	_
The Articles of Organization for this Limited Liability Company Florida document number \(\bullet \) \(\bullet \	were filed on 10121116	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abl	oreviation "L	.L.C."
Enter new principal offices address, if applicable:	46540 SR 70 EAST		
(Principal office address MUST BE A STREET ADDRESS)	MyAKKA City, Florid	a 34	25]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	46540 SR 70 EAS	1 dn 3	4251
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name	of the new
Name of New Registered Agent:		KA	<u> </u>
New Registered Office Address:		30	SZP.
	Enter Florida street address	70	760 760
	, Florida	Zip Cod e	<u> 폴덕</u>
New Registered Agent's Signature, if changing Registered Agent	Спу	Zip Gui e	() 第1。

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 **Title** Name <u>Address</u> **Type of Action** AMBR Ian Wilson 24403 MthAVEEAST DAdd

MyAKKA City Florida Remove

34251 _□ Change ☐ Add _□ Remove _□ Change _□ Add

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		f filing: MAU	2h 13,2017	(optional)	
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Note: If the date ins document's effective ne record specific The 90th day a	es a delayed effect	s not meet the appli nt of State's records tive date, but no filed.	cable statutory filing s. ot an effective tir	requirements, this date	on the earlier of:
Note: If the date ins document's effective the record specific The 90th day a	es a delayed effect	s not meet the appli nt of State's records tive date, but no filed.	cable statutory filing s. ot an effective tir	requirements, this date	will not be listed as the

Page 3 of 3

Filing Fee: \$25.00