

216000 194 470

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

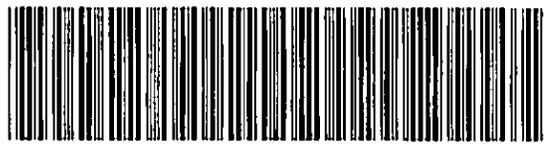
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800322052318

01/04/19--01015--003 \*\*50.00

FILED  
2019 JAN -4 PM 1:03  
FBI - TAMPA

D. BRUCE  
JAN 12 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dragonfly Landing Farm 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 Sue Stout MGR  
Name of Person  
Dragonfly Landing Farm LLC  
Firm/Company  
3788 SW Armadillo Trl  
Address  
Arcadia, Florida 34266  
City/State and Zip Code  
sue62875lin@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Sue Stout MGR at ( 941 ) 224 0743  
Name of Person Area Code Daytime Telephone Number

FILED  
2018 JAN -4 PM 1:03

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

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

Dragonfly Landing Farm 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 Oct 21, 2016 and assigned Florida document number L 16000194470.

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 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)**

Dragonfly Landing Farm LLC  
3788 SW Armadillo Trl  
Arcadia, Florida 34266

**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:

3788 SW Armadillo Trl

*Enter Florida street address*

Arcadia

*City*

Florida

34266

*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**

FILED  
2019 JAN 4 PM 1:03  
ALLEN COUNTY CLERK  
100 N. GADSDEN ST.  
TALLAHASSEE, FL 32301

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED  
2019 JAN - 03  
PH  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-03-2019 BY 60322  
SP1

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

Handwritten signature 'Linda Sue Stout' and a large handwritten 'A' on lined paper.

2018 JAN -4 PM 1:03  
INDIANAPOLIS, IN

FILED

E. Effective date, if other than the date of filing: Feb 15, 2018 (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 Dec 30, 2018

Linda Sue Stout MGR  
Signature of a member or authorized representative of a member

Linda Sue Stout MGR  
Typed or printed name of signee