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COVER LETTER

Division of Corporat	tions .	4	
SUBJECT:	Uright Fax	Mily Farm, ted Liability Company	LLC
	0		
The enclosed Articles of Amen	dment and fee(s) are sub-	nitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	Kevi	n or Kristen Name of Person	Wright
 	Wright	Family Fav	m, LLC
	9226	77th Lane	
_	Live (Dak, FL 321	000
	Kwrightf E-mail ddress: (to	City/State and Zip Code amily farm @ (be used for future annual report,	amoid.com
For further information concern	ing this matter, please ca	ll:	
Kevin Win	ght	at (<u>239</u>) <u>51</u>	time Telephone Number
Enclosed is a check for the folio	owing amount: 330.00 Filing Fee &	\$\$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number _ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1. 7, 2010 and assigned
This amendment is submitted to amend the follow	/ing:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- DX)	ŽŠ.
producing ununcess MATI BEAT TOOL OF THEE BE	<u></u>	5: 7
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	tuant (adduson
	Enier rioriaa s	
-	City	, Florida 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

•			
"If amending or removed	Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of each person being ac	<u>lded</u>
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Action	ļ
MGRM	Kevin Wright	9226 97th Lane RAdd	
,		Live Oak, FL 32060 Remove	
mbrm	Kristen Wright	9226 97th Lane Add	
	V ,	Live Oak FL 32000 Remove	
		Change	
		□ Add	
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Filing Fee: \$25.00