

L16000209845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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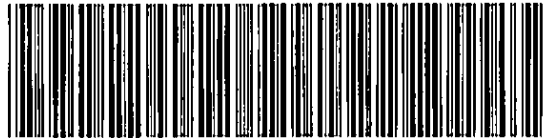
(Business Entity Name)

(Document Number)

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D. BRUCE  
OCT 18 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Duncan Feed & Ranch Supply, 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:

Timothy W. Weber, Esq.

\_\_\_\_\_  
Name of Person

Weber, Crabb & Wein, P.A.

\_\_\_\_\_  
Firm/Company

5453 Central Avenue

\_\_\_\_\_  
Address

St. Petersburg, FL 33710

\_\_\_\_\_  
City/State and Zip Code

timothy.weber@webercrabb.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy W. Weber

727 828-9919  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Duncan Feed & Ranch Supply, 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 November 16, 2016 and assigned Florida document number L16000209845.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AGRI-DEF, LLC

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)

334 Old Town Creek Rd.

Zolfo Springs, FL 33890

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

334 Old Town Creek Rd.

Zolfo Springs, FL 33890

**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: Timothy W. Weber

New Registered Office Address: 5453 Central Avenue

*Enter Florida street address*

St. Petersburg, Florida 33710  
*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William R. Duncan	334 Old Town Creek Rd.	<input checked="" type="checkbox"/> Add
		Zolfo Springs, FL 33890	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Christina A. Duncan	334 Old Town Creek Rd.	<input checked="" type="checkbox"/> Add
		Zolfo Springs, FL 33890	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	William H. Duncan	8031 S.R. 64 E.	<input type="checkbox"/> Add
		Zolfo Springs, FL 33890	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Sandra U. Duncan	8031 S.R. 64 E.	<input type="checkbox"/> Add
		Zolfo Springs, FL 33890	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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STATION 6  
FALL KANSAS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 September 1, 2020

Signature of a member or authorized representative

Timothy W. Weber

Typed or printed name of signee

**Filing Fee: \$25.00**