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(Re	equestor's Name)	
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S. WARREN MAR 1 6 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	n 0m	Country Farm, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Linda L Hall		
		A	Name of Person	
		Skipper's Country Farm, L	LC	
			Firm/Company	
		10514 Okeechobee Rd		
			Address	
		Fort Pierce, FL 34945-236	3	
			City/State and Zip Code	***
		lindahall4300@att.net		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Linda	L Hall		954 263-5803 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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**

Skipper's Country Farm, LLC				
(Name of the Limi	ited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our rec</mark> c Liability Company)	ords.)	
The Articles of Organization for this Limited L	_iability Company	were filed on11/17/2016	and assigned	
lorida document number L16000211246	·			
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company here:		
reasure Coast Palms, LLC				
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
nter new principal offices address, if applic	cable:	Treasure Coast Palms, LLC		
Principal office address MUST BE A STREET ADDRESS)		10514 Okeechobee Rd		
		Fort Pierce, FL 34945-2363		
nter new mailing address, if applicable:		Treasure Coast Palms, LLC		
Mailing address MAY BE A POST OFFICE	S BOX)	10514 Okeechobee Rd		
		Fort Pierce, FL 34945-2363		
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:			rds, <u>enter the name of the</u>	
gistered agent and/or the new registered of New Registered Agent:	N/A		rds, <u>enter the name of the</u>	
gistered agent and/or the new registered o	office address her			
egistered agent and/or the new registered of New Registered Agent:	N/A	e: Enter Florida street add		

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>	Address	Type of Action
N/A	N/A	N/A	□ Add
			□ Remove
			☐ Change
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			☐ Remove
			Change
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Filing Fee: \$25.00