

416000229637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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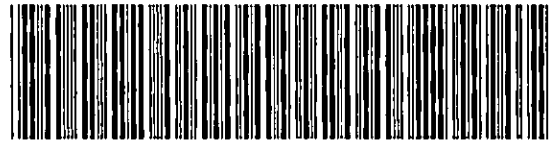
(Business Entity Name)

(Document Number)

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2019 FEB -8 PM 6:37

CLERK OF SUPERIOR COURT
JACKSONVILLE, FL

C. GOLDEN

FEB 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Born Country 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:

Deon Pettis
Name of Person

Born Country LLC
Firm/Company

6534 Bill Lundy Rd
Address

Laurel Hill FL 32567
City/State and Zip Code

deon.pettis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Parrett at (352) 303 3640
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2019 FEB -8 PH 6:37

Born Country LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/20/2016 and assigned
Florida document number L16000229637

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 "LLC."

✓ Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

702 E James Lee Blvd
Crestview FL 32539

✓ Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6534 Bill Lundy Rd
Laurel Hill FL 32567

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: _____

Enter Florida street address

_____, Florida _____

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> |
|--------------|------------------------------------|----------------------|--|
| MGR | Theresa Johnson | 1444 Hickory ST | <input type="checkbox"/> Add |
| | | Niceville FL | <input checked="" type="checkbox"/> Remove |
| | | 32578 | <input type="checkbox"/> Change |
| P | Deon Pettis | 6534 Bill Lundy Rd | <input checked="" type="checkbox"/> Add |
| | | Laurel Hill FL 32567 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Eddie Parrett | 1329 Hwy C-180 | <input checked="" type="checkbox"/> Add |
| | | Baker FL 32531 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Dacarra Pettis | 6534 Bill Lundy Rd | <input checked="" type="checkbox"/> Add |
| | | Laurel Hill FL 32567 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Tiffany Parrett Parrett | 1329 Hwy C-180 | <input checked="" type="checkbox"/> Add |
| | | Baker FL 32531 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

✓

F. 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

2/3/19

Signature of a member or authority

Deon Pettis

Typed or printed name of signee