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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILEU SECTIONS PRISES

D. SCOTT JAN 1 0 2017

COVER LETTER

TO:	Registration Sec Division of Corp		·	
eum ir	Lady J. Farm	ns LLC		
SUBJE	.C1:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Wade Wilson		
			Name of Person	
		Wade Wilson CPA PA		
			Firm/Company	
		1517 W. Garden St.		
			Address	
		Pensacola, FL 32502		
			City/State and Zip Code	- <u></u>
		sanfordjohnson69@yahoo.c		
		E-mail address: (to be used for future annual report notific	ation)
For fu	ther information co	oncerning this matter, please ca	all:	
Sandy	Milburn		850 438-1122 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
				三 宣言
Enclos	sed is a check for th	ne following amount:		独占有
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Lady J.Farms LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	ds.)
he Articles of Organization for this Limited L	iability Compan	y were filed on 12/30/16	and assigned
orida document number L17000000915			
is amendment is submitted to amend the following	lowing:		
If amending name, enter the new name o	of the limited lia	bility company here:	
azy J. Farms LLC			
e new name must be distinguishable and contain the	words "Limited Liab	pility Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
rincipal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:		N/A	
Aailing address MAY BE A POST OFFICE	BOX)		
			755 7
			500 年 刊
If amending the registered agent and	l/or registered	office address on our record	ls, enter the name of the
gistered agent and/or the new registered o	office address he	ere:	
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:			5月 5
new Registered Office Address.		Enter Florida street addre	?ss
		To the state of th	lanida
		, F Citv	lorida Ziv 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>	Address	Type of Action
N/A	N/A	N/A	
			□ Remove
•			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change
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ctive date, if other than the effective date is listed, the date met. If the date inserted in this iment's effective date on the	block does not meet i	the applicable st	of filing or more atutory filing r	(option than 90 days after equirements, this	onal) filing.) Pursuant to 6057 s date will not be liste
record specifies a delay ne 90th day after the re		, but not an	effective tin	ne, at 12:01 a	a.m. on the earlie
January 5,	26	017			
SelOF.	Signature of a memi				
	- Change Charles Change and	per or authorized	renresentative of	a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00