L17000004311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

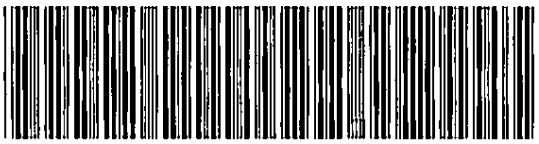
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WRONG form

Office Use Only



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2017 DEC 14 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

DEC 15 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

2017 DEC 14 AM 10:59

SUBJECT: Florida Ponic Farms
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:

Jamison Williams
Name of Person

Firm/Company

11749 Elkins Rd
Address

Dade City FL
City/State and Zip Code

FloridaPonicFarms@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamison Williams at (813) 778-3426
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

1 of 5

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2017 DEC 14 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Panic Farms 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 01/05/17 and assigned Florida document number L17000004311.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

11749 Elkins Rd
Dade city FL 33525

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11749 Elkins Rd
Dade City FL 33525

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: 11749 Elkins Rd
Enter Florida street address

Dade City, **Florida** 33525
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

Title	Name	Address	Type of Action
____	____	4843 court st	☐ Add
		Zephyrhills FL 33541	☒ Remove
		____	☐ Change
____	____	11749 Elkins Rd	☒ Add
		Dade City FL 33525	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. **Effective date, if other than the date of filing:** 9/10/17 **(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 12/1/17

Signature of a member or authorized representative of a member

Jamison Williams
Typed or printed name of signee

Filing Fee: $25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

JAMISON WILLIAMS
11749 ELKINS RD.
DADE CITY, FL 33525

SUBJECT: FLORIDA PONIC FARMS LLC
Ref. Number: L17000004311

We have received your document for FLORIDA PONIC FARMS LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 417A00023408