

L170000 45548

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2017  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE BLUES FARM 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:

DEVON ROBINSON

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

THE BLUES FARM LLC

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

3250 NE 140 AVENUE

\_\_\_\_\_  
Address

WILLISTON, FL 32696

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

terryr311@gmail.com

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

For further information concerning this matter, please call:

DEVON ROBINSON

352 529-0594  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

THE BLUES FARM 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 March 2, 2017 and assigned Florida document number L17000048548.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

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TALLAHASSEE, FLORIDA

**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	Michelle Hampton	3250 NE 140 Avenue	<input type="checkbox"/> Add
		Williston, FL 32696	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Devon Robinson	3250 NE 14 Avenue	<input type="checkbox"/> Add
		Williston, FL 32696	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Terry Robinson	3250 NE 140 Avenue	<input checked="" type="checkbox"/> Add
		Williston, FL 32696	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sharon L. Robinson	3250 NE 140 Avenue	<input checked="" type="checkbox"/> Add
		Williston, FL 32696	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 OCT -2 AM 7:  
SECRETARY OF ST  
TALLAHASSEE FLO

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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 \_\_\_\_\_, 2017

Terry K. Robinson  
Signature of a member or authorized representative of a member

Terry Robinson

Terry Robinson  
Typed or printed name of signer