

L17000051302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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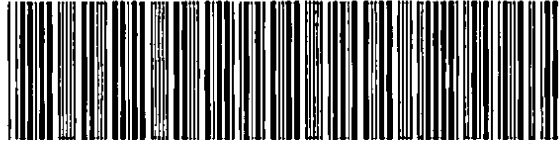
(Business Entity Name)

(Document Number)

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DIVISION 04

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bay Breeze Farms, 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:

Evin L. Netzer, Esq.

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

Bay Breeze Farms, LLC

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

201 W. Christina Blvd., Suite 3

\_\_\_\_\_  
Address

Lakeland, FL 33813

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

enetzer@agro-iron.com

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

For further information concerning this matter, please call:

Evin Netzer

863

409-7492

at ( )

\_\_\_\_\_  
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

## Page 1 of 3

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>
CEO	Lawrence Hjersted	201 W. Christina Blvd., Suite 3, La <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Daniel Britt	201 W. Christina Blvd., Suite 3, La <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Evin Netzer	201 W. Christina Blvd., Suite 3, La <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Evin Netzer	201 W. Christina Blvd., Suite 3, La <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst Sec		201 W. Christina Blvd., Suite 3, La <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**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.

Dated October 23, 2017

Evin L. Netzer, Esq., Authorized Signatory

Typed or printed name of signee