L170000 63850

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

(Business Entity Name)
(Document Number)
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17 SEP -7 PM 1: 32 SECRETARY OF STATE MASSEE, FLORIE

S. WARREN SEP 1 3 2017

COVER LETTER

TO: Registration	n Section Corporations	•	
SUBJECT:	Agricultur	a Special ited Liability Company	ists UC
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
·	Ja	Name of Person	<u>O</u>
	705	Firm/Company Bay Ave	2
	Clear of 25 Question 25 Questi	City/State and Zip Code Code	33756.
For further information	on concerning this matter, please ca	all:	
Nai	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check f	For the following amount:		
\$25.00 Filing Fe	e □ \$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

NICK	>/ <i>DUX</i>)		
(Name of the Limiter	Liability Company A Florida Limited Liab	as it now appears on ou oility Company)	r records.)	
The Articles of Organization for this Limited Lia		^-	3/20/20	√ And assigned
Florida document number <u>L170000</u>	063850			•
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designati	on "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			-1 _U : -1
	-			E S
Enter new mailing address, if applicable:	-	····		SSE T
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			<u> </u>
	-			2 · ·
B. If amending the registered agent and/o	r registered offic	a address on our	rocorde onter t	REAL S
registered agent and/or the new registered offi		e address on our	records, <u>enter i</u>	ne name of the new
		/ C-	/	
Name of New Registered Agent:	Jan	et 520	260	
New Registered Office Address:	705	Bay Fr Efter Florida stre	tve	
	Clenti	sater	. Florida	33756
	- icaro	City	, r wrida	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

If Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NICK SZABO	705 Bay Ave	Add
		705 Bay Ave Clearwater FL 33	756 Remove
			Change
MGR	JANET SLABO	708 Bay Ave Clearwater, Fr. 337	BAdd
		Clearwater, FL 337	756 Remove
			Change
			Add
		<u></u>	Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			
			Ren fa e
			P-Je HASSEE.
			Strehange M
			Add :
			FLOADIE REMOVE
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if nece	
	-
Ciffective date, if other than the date of filing: [filing.) Pursuant to 605.0207 (; s date will not be listed as th
The 90th day after the record is filed.	
Dated $\frac{\sqrt{5}/\sqrt{7}}{\sqrt{5}}$.	
Willes Index	PSE 7
Signature of a member or authorized representative of a member	E SE SE
NICK SZABO	FILE
Typed or printed name of signee	E P
Page 3 of 3	I: 32 STATE LORID,

Filing Fee: \$25.00