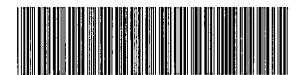
117000069320

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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10/27/21--01008--002 **25.00

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T. MATTHEWS NOV -4 2021

COVER LETTER

TO: Registration Section

Division of Corporations				
Circle Z Far				
SUBJECT:	Name of Lim	ited Liability Company		
the enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:		
	Catrece Zummo Palm			
		Name of Person		
		Firm/Company		
	1130 Wisper Run Court			
		Address		
	Lutz, Florida 33558			
		City/State and Zip Code		
	eirelezfarmlle@gmail.com	to be used for future annual report not	tification)	
For further information co	oncerning this matter, please c		,	
Gregory A. Richards, Jr.		813 223-5351 at ()	ne Telephone Number	
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 Tallahassec, FL 32314		Street Address: Registration So Division of Co The Centre of	orporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

21 00T 27 PH 1: 10

Circle Z Farm, LLC		
(Name of the Limited	Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L17000069320	bility Company were filed on 03/27/2017	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	····
B. If amending the registered agent and/or regagent and/or the new registered office address		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	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 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 21 007 27 PH 1: 10 AMBR = Authorized Member <u>Address</u> Type of Action Title Name 1130 Wisper Run Court Catrece Zummo Palm MGR XAdd Lutz, Florida 33558 □Remove _____ Change Juliana M. Zummo 3020 W. Patterson Street MGR _____ 🗆 🗆 🗆 Add Tampa, Florida 33614 Remove _____ Change _____ 🖸 Add ____ □Remove _____ Change __ ____ __ __ Add _____ Remove

_____ Change

	ion, enter change(s) here: (Attach additional sheets, if necessary.) 21 007 27 77 1: 10
	21 001 2
	-
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Effective date, if other than the c	date of filing: (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 605.020
Note: If the date inserted in this blo-	ck does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Dep	partment of State's records.
a record enocities a delayed affective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	tale, but not an effective time, at 12.01 a.m. on the earlier of (b) The your day after the
Ortobur 22	2021
Dated	
	Richards J., Signature of a member of authorized representative of a member (Registered Agent; Attorney)
Micana A	Kichard (
way of a.	Signature of a member of authorized representative of a member
	- '
Gregory A. Richards Ir	(Registered Agent: Attorney)
Oregory 71. Remards, 31.	Typed or printed name of signee
	i Vinca or printed name of Stenec

Filing Fee: \$25.00