

L17000073721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

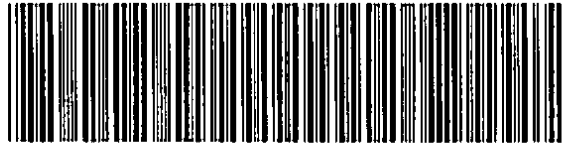
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG -3 AM 11:49
TALLAHASSEE, FLORIDA

AUG 07 2017

Y SUT

August 1, 2017

To:
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From:
Stephanie Foster
Fort Gates Farms, LLC
735 NFR 75 G
Fort McCoy, FL 32134

To Whom It May Concern:

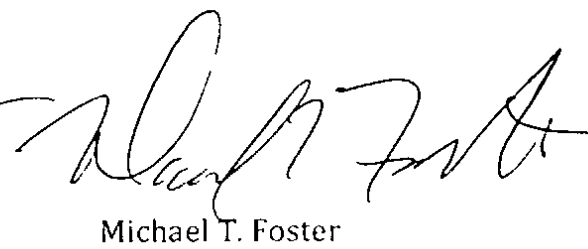
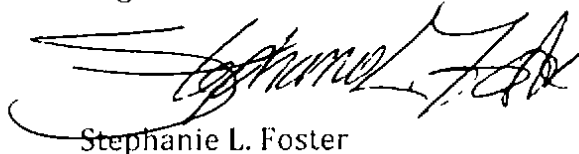
I am writing to ask you to please remove Derek J. Foster and Thomas D. Schmidt as Managing Members of Fort Gates Farms, LLC, effective April 1, 2017. They did not end up joining our business.

As a result, the remaining members, Michael Todd Foster, and Stephanie L. Foster, are the only corporation members, with Michael T. Foster having 50% and Stephanie L. Foster having 50% ownership.

If you have any questions, I can be reached as follows:

Stephanie phone: 406-461-3459 or 386-467-3247
Michael "Todd" phone: 406-202-0532
Stephfoster17@gmail.com

Regards,



Stephanie L. Foster

Michael T. Foster

DOCUMENT #: L17000073721

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT GATES 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:

STEPHANIE FOSTER
Name of Person

FORT GATES FARMS
Firm/Company

735 NFR 75 g
Address

FORT MC COY, FL 32134
City/State and Zip Code

Stephfoster17@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE FOSTER at (386) 467-3247
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

TO
ARTICLES OF ORGANIZATION
OF

FORT GATES FARMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on April 3, 2017 and assigned
Florida document number 47700007.3721

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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)

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

RECEIVED
17 AUG - 3 AM 11:49
TALLAHASSEE, FLORIDA

Zip Code

By 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

removed from our records:

GR = Manager

ABR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
31	DEREK J. FOSTER	735 NFR 75g	<input type="checkbox"/> Add
		FORT MCCOY, FL 32134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
182	THOMAS D. SCHMIOT	735 NFR 75g	<input type="checkbox"/> Add
		FORT MCCOY 32134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

17 AUG - 3 PM 11:59
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535
FLORIDA

FILED
17 AUG - 8 AM 11:49
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: April 1, 2017 (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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.

Dated August 1, 2017.



Signature of a member or authorized representative of a member

STEPHANIE L. FOSTER

Typed or printed name of signer