# 117000129833

/Po	questor's Name)	
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☐ PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT:	5 YWERG Name of Limit	Y FARMS, L ted Liability Company	LC_
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Robe	Name of Person	nards
	Syne	Firm/Company	
	1181 Osp	orey Nest Pt. Address	
		City/State and Zip Code	
	Glenn 7444 @ E-mail address: (to	o be used for future annual report notific	cation)
	ncerning this matter, please ca		
Robert	Richards Person	at (904) 47) - Area Code Daytime	1481 Telephone Number
Enclosed is a check for the	e 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEC. PHII: 47 ALLAHASSEE, FLORIDA

Syne/gy 1	-arms,	LLC	TALLATI	SARA SARA
(Name of the Almite	(A Florida Limited Li	ability Company)	our records.)	E, FLORIDA
B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  Name of New Registered Agent:  New Oscillary Mass Office address Agent:				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	ty Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		·	
Enter new mailing address, if applicable:	ROX)			
B. If amending the registered agent and/	or registered off fice address here	*		
Name of New Registered Agent:  New Registered Office Address:	Rob 1181 05	prey Nest Enter Floridasi	Richard Pt.	1/s
	_O/arg	Enter Florida si Par/K City	, Florida _	32073 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Type of Action Title Address 4 1 Blancon Richards 1181 Osprey Nest Pt. 0 Add Olarge Park, FL 32073 KRemove ☐ Change Robert G. Richards 1181 Osprey Nest Pt. Xadd Olarge Palk, FL 32073 - Remove ☐ Change MGR Robert 6 Richards 1181 Ospry Net Pt. XAND Olarge Pak, FL 32073 - Remove Change □ Add □ Change □ Add ☐ Remove 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:

	We are simply trying to remove	
_	Blanden Richards from the company and	
_	replace him with Robert Richards.	
_		
_	Thurk you	
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(If an effe Note:	ve date, if other than the date of filing:	07 (3 as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
Dated	9/4/18	
	DI+2 R. Int	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00