

L17000212376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

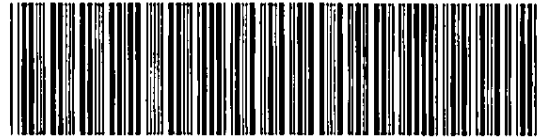
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN

JAN 19 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TURMERIC FARMS OF ODESSA, 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:

DANIEL G. FERRETTI  
Name of Person

TURMERIC FARMS OF ODESSA, LLC  
Firm/Company

11819 SHIRE WYCLIFF CT  
Address

TAMPA FL 33626  
City/State and Zip Code

DGFERRETTI@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN FERRETTI at (813) 732-7436  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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18 JAN 19 PM 4:14

TURMERIC FARMS OF ODESSA, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/13/17 and assigned  
Florida document number L17000212376

This amendment is submitted to amend the following:

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

NO -

The 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)

11819 Shire Wycliffe Ct  
TAMPA FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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

City

Florida

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

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

Title	Name	Address	Type of Action
MGR	DANIEL G. FERRETTI	1819 Shire Wycliffe Ct	<input checked="" type="checkbox"/> Add
		Tampa FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel McGranahan		<input checked="" type="checkbox"/> Add
	Summer Landing		<input type="checkbox"/> Remove
	Lakeland, FL.		
	33810		
		Correct spelling	<input checked="" type="checkbox"/> Change
AMBR	Michael Camama	1819 Shire Wycliffe Ct	<input checked="" type="checkbox"/> Add
		Tampa FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal blue lines across its width. The left edge of the page has two punch holes, suggesting it was part of a bound volume. There are no markings, text, or drawings on the page itself.

**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 11/19/2018.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA