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(1	Requestor's Name)
	Address)
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	Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	KM CAHLA Name of Lim	e Company LL ited Liability Company	<u>-c</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Neil K.	Me li CK Name of Person	
		Firm/Company	
	5015 Cano	e Creek Road	<u>, </u>
	St. Cloud,	FL 34772	
	Melickne E-mail address: (Address FL 34-772 City/State and Zip Code Description of State annual report notions and the companient of the compan	lication)
For further information of	concerning this matter, please ca		
Neil K.	Melick of Person	at (<i>561</i>) 398 -	- 6/50 e Telephone Number
			·
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$\forall \text{S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Company	were filed on Tand	AV4 5, 2018 and assigned
Florida document number <u>L18000004481</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/D Farms LLC		
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	5075 Cano	pe Creek Road
(Principal office address MUST BE A STREET ADDRESS)	St. Cloud,	, FL 34772
Enter new mailing address, if applicable:	5075 Can	or Creek Road
(Mailing address MAY BE A POST OFFICE BOX)	St. Clou	oe Creek Road d. FL 34712
Multing dudress MAT BE A FOST OFFICE BOAT	<u> </u>	, , , ,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records	, enter the name of the new registere
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peleting filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
		 	□ Add
			Remove
			□Change
			□Remove
		□Add	
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change

(If an et <u>Note:</u>	(optional) fective date, if other than the date of filing:
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	June 24 . 2020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00