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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER MAR 2 1 2018 SECRETARY OF STATE FALLAHASSEE, FLORIDA

TO: Registration Section Division of Corporation	COVER LETTER
SUBJECT: Olde	Name of Limited Liability Company
The enclosed Articles of Amendm	ent and fee(s) are submitted for tiling.
Please return all correspondence e	encerning this matter to the following:
	Covey Manucy Name of Person
	Olde Town Dahl Farm, LLC.
	2829 B Usina Rd Ext.
	St. Augustine FL 32084 City/State and Zip Code
11	Switherecty CO3@ gmail com E-mail address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
Covey Mary	at (904) 679 8837 Area Code Daytime Telephone Number
Epclosed is a check for the follow	ing amount:
	D.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING AD	
Registration Sec Division of Corp	
P.O. Box 6327 Tallahassee, FL	Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Olde Town Dati Farm LLC (Same of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
- 1	e Articles of Organization for this Limited Liability Company were filed on
4	is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here:
c L	enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ler new principal offices address, if applicable:
	ter new mailing address. Tapplicable: [alling 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 gistered agent and/or the new registered office address here:
	Name of New Registered Agent:
	New Registered Office Address: Enter Florida street address Company
1	w Registered Agent's Signature, if changing Registered Agent:
ار ا اد	nereby accept the appoin ment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	ling Authorized Pers		nage, enter the title, name, and address of each	person being added
	Manager Authorized Memb	er		
Title	<u>Name</u>		Address	Type of Action
MER	Angela	N Green	2055 Sava Lynn Dr	
	Ü		St. Augustine FL 32084	@ Remove
				Change
Mar	<u>Corey</u> 1	Janucy_	2829 B Usina Rd Ext	DAdd
	•	,	St. Augustine Fr 32084	Remove
				Change
11				
				□ Remove
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			-	Add
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				_□ Remove
				_ Change

D. If amending any of	her information, enter change(s) here: (Attach additional sheets, if necessary.)		
			SEC TALL
		C2 E1	FILEU RETARY OF STATE AHASSEE, FLORIDA
(If an effective date is list Note: If the date inso document's effective	her than the date of filing:	ill not be list	ed as the
Coll	Signature of a member or authorized representative of shember A Green Correct Many Typed or printed name of signer Page 3 of 3 Filing Fee: \$25.00	18 MAR 19 AM 12: 40	SECRETARY OF STATE TALLAHASSEE, FLORIDA