## L1800055082

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000318402340

09/17/18~-01040--018 \*\*35.0



VI [

October 4, 2018

CARINE PUCKETT PO BOX 1161 DELEON SPRINGS, FL 32130

SUBJECT: ZANDSPRUIT FARMING LLC

Ref. Number: L18000055082

We have received your document for ZANDSPRUIT FARMING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select title for Carine Lee Puckett.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

(1

Letter Number: 818A00020727

## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT:	ZANDSPRUI Name of Lin	T FARMING LLC	<u>-</u>
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	respondence concerning this matter	to the following:	
		Name of Person  AIT FARMING Firm-Company	
	_	Address	· · · •
	DEVECN SI Grayson Pl E-mail address:	City/State and Zip Code  UCICEH @ mpinet  (to be used for future annual report notifice)	230 Sincet Discourse
	tion concerning this matter, please c	all:	 W 5. E
(AR)	vE Pucce 77	at ( <u>\$86</u> ) <u>985</u> Area Code Daytime	3281/ 785 3262. Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ce 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)
R E P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n itions iter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZANDSPRUIT	FARM	ing L	<u></u>		
(Name <u>of the Limited Liabili</u> (A Florida	ity Company as a Limited Liabili	it now appears or ry Company)	on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L1800005508</u> 2		filed on	larch 1st 2	<b>⋣</b> ⊠ and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability	company hero	:		
The new name must be distinguishable and contain the words "Lin	nited Liability Co	mpany," the desi	gnation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
	_			. 001	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	-		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	••••			——— <del>U</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	iress here:				f the r
Name of New Registered Agent:	CARIN	e LE	E luce	E/77	
New Registered Office Address:		AFE LC Enter Floride	E Puck INONA / P A street address	<u>eo.</u>	<del></del>
De	téan S	PRINGS	/	32130 Zip Code	,
New Registered Agent's Signature, if changing Registere	`	, its		Zip Code	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perf igent as provi ed office addi	ormance of m ded for in Ch ess, Inereby	y duties, and Lan apter 605, F.S. O	i familiar with r, if this docur limited liabilit	vand nent is y
	Page 1 of .	3			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

Title IMBR	<u>Name</u>	Address	Type of Action
AMBIK MES.	CARINE LEE PUCKET	7. PO BOX 1161 DELEON SKING	<u>r</u> <b>≸</b> (Add
		Fc. 32BO.	□ Remove
			Change
******			Add
			Remove
			Change
<del></del>		<del></del>	Q}Add
			- Remove
			_ □ Ghange
<del></del>	<del>- 1/2</del>		
			_□ Remove
			Change
<del></del>			□ Add
			_□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

	· ,		
_			
			•
		CI	
		الـــ	
		<del></del>	
		 ພ	
·		):· <b></b>	
(If an effecti Note: If (	e date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state t's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605 utory filing requirements, this date will not be liste	.02 ed
the recor ) The 90	rd specifies a delayed effective date, but not an eff Oth day after the record is filed.	fective time, at 12:01 a.m. on the earlie	≘r
Dated	Signature of a member or authorized ep	resentative (f a member	
	Signature of a member of authorized ep	resentance Vi a member	
	ARINE KICKE	η·	

Page 3 of 3

Filing Fee: \$25.00