

L18000220583

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(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: MUSTARD SEED INVESTMENTS, 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:

TROY A. NETTLES, JR. & CASSANDRA M. NETTLES

Name of Person

MUSTARD SEED INVESTMENTS, LLC

Firm/Company

611 N. SUMMIT STREET

Address

CRESCENT CITY, FL 32112

City/State and Zip Code

cassienettles72@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASSANDRA M. NETTLES

386

937-3833

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

MUSTARD SEED INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2021 OCT 21 PM 3:55
FILED
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/18/2018 and assigned
Florida document number L18000220583

This amendment is submitted to amend the following:

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

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)

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:

CASSANDRA M. NETTLES

New Registered Office Address:

611 N. SUMMIT STREET

Enter Florida street address

CRESCENT CITY

City

Florida 32112

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARBARA M. SCHOLL	611 N. SUMMIT STREET	<input type="checkbox"/> Add
		CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT A. SCHOLL	611 N. SUMMIT STREET	<input type="checkbox"/> Add
		CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TROY A. NETTLES, JR.	611 N. SUMMIT STREET	<input checked="" type="checkbox"/> Add
		CRESCENT CITY, FL 32112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASSANDRA M. NETTLES	611 N. SUMMIT STREET	<input checked="" type="checkbox"/> Add
		CRESCENT CITY, FL 32112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00