

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CHD	Neill Farms	FP LLC		
SUB	JECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspor	ndence concerning this matter	to the following:	
		Anthony Verderame		
			Name of Person	
		Neill Farms FP LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		601 N. Congress Avenue, S	Suite 302	
			Address	
		Delray Beach, Florida 334-	45	
			City/State and Zip Code	
		Joanne Verderame (jverdera		
		E-mail address: ()	to be used for future annual report notific	ration)
For fi	arther information co	oncerning this matter, please ca	all:	
Ralp	h Roughton, Accoun	tant	516 826-4300 at()	
	Name of	Person		Telephone Number
Enclo	osed is a check for th	e following amount:		
<b>■</b> \$	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neill Farms FP LLC				
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L18000272942	were filed on November 26, 2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	601 N. Congress Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Suite 302			
	Delray Beach, Florida 33445			
Enter new mailing address, if applicable:	601 N. Congress Avenue			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 302			
	Delray Beach, Florida 33445	1		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	the name of the new		
Name of New Registered Agent:		<u></u> 5		
New Registered Office Address:	Enter Florida street address			
	, Florida			
<del></del>	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			

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>	Type of Action
MGR	Anthony Verderame	8751 Horseshoe Lane Boca Raton, Florida 33496-1231	B Add
			□ Remove
			Change
MGR	Joanne Verderame	8751 Horseshoe Lane Boca Raton, Florida 33496-1231	<b>∃</b> Add
			□ Remove
			Change
MGR	Lee Goldberg	601 S. Congress Avenue Delray Beach, Florida 33445	
			■ Remove
			Change
			□ Remove
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٠, س			November 2		,	D.
an effectiv <u>ote:</u>   f t	date, if other than e date is listed, the date ne date inserted in th s effective date on the	must be specific and is block does not r	d cannot be prior to meet the applica	o date of filing or mor ble statutory filing	optiona (optiona e than 90 days after fili requirements, this da	il) ng.) Pursuant to 605.0207 ite will not be listed as
	th day after the	record is filed.				n. on the earlier of
					/ f a member	

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Typed or printed name of signee

Filing Fee: \$25.00