1900003981

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SECRETARY OF STATE

COVER LETTER

Division of 0	Corporations			
	ristmas Farm LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	Marcelo Dasilva			
		Name of Person		
	Fort Christmas Farm LLC			
		Firm/Company		
	P.O. Box 1111			
		Address		
	Christmas, FL 32709			
		City/State and Zip Code		
	fortchristmasnursery@gma E-mail address:	(to be used for future annual report notification)		
For further information	on concerning this matter, please of	call:		
Marcelo Dasilva		321 217-4585 at ()		
Na	ne of Person	at () Area Code Daytime Telephone Number		
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & Certificate of Status	Street Address:		
Division of P.O. Box	on Section of Corporations	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

Fort Christmas Farm LLC			
(Name of the Limited (A	Liability Company : Florida Limited Liab	as it now appears on our record ility Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liab			and assigned
Florida document number L19000003981			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabilit	y company here:	
Fort Christmas Nursery LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble: _		
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	
	-		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	. <u> </u>	
	_		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		dress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Figure.			
New Registered Office Address:		Enter Florida street addre	255
			n + 1
		, F	lorida
New Registered Agent's Signature, if changing Re			Zin Code SECP SECP
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete po tered agent as pro egistered office a	erjormance oj my auties, c ovided for in Chapter 605	ina i any fandiar wan, and , F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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		-	□Change
			□Remove
			□Change
			□Add
			□Change
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			Change SECRETARY OF STATE PH OF STATE Change
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blo	date of filing:			(optional) <u>/</u> 2	#ASA	P before
effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot	be prior to date of t	filing or more than 90	days after filing	ursumi to 605	.0207 (3)(b)
nument's effective date on the De	partment of State's r	ecords.	tory ming requiren	ients, this date of	,	eran Caracina Caracina
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cord specifies a delayed effective	e date, but not an effe	ective time, at 12:	:01 a.m. on the earl	10	√ ∰th deveafter	thea
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October 30		· ·		•	iri w	
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	MOON -		10/30/2024			
1.1.	Signature of a member	9f authorized repri	escritative of a member	er .		

Filing Fee: \$25.00