

L190000 10804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

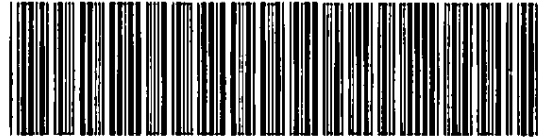
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
P316.177

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY TREE FARM, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARRETT DENNY

Name of Person

Firm/Company

PO BOX 311

Address

FUSTIS, FL 32727

City/State and Zip Code

TREEFARMLEGACY@GMAIL.COM

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

For further information concerning this matter, please call:

GARRETT DENNY

813

955-6925

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

2022 NOV 16 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEGACY TREE FARM, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/04/2019 and assigned
Florida document number L19000010804.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ATTN: GARRETT DENNY

1280 RIBBON ROAD

ST JOHNS, FLORIDA 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ATTN: GARRETT DENNY

PO BOX 311

EUSTIS, FL 32727

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:

GARRETT DENNY

New Registered Office Address:

1280 RIBBON ROAD

Enter Florida street address

ST JOHNS

Florida 32259

City

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>
P	JENNIFER L KALOTA	7001 INTERBAY BLVD. #304	<input type="checkbox"/> Add
		TAMPA, FL 33616	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	JENNIFER L KALOTA	7001 INTERBAY BLVD. #304	<input type="checkbox"/> Add
		TAMPA, FL 33616	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARRETT DENNY	1280 RIBBON ROAD	<input checked="" type="checkbox"/> Add
		ST JOHNS, FLORIDA 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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11/08/2022

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 8, 2022

Jennifer Keltz ~~EXA~~ Jennifer Keltz
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00