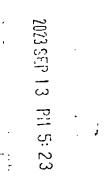


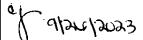
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





09/13/23--01008--013 **25.00





COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	FG FARM Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		F. Gardner Name of Person	
		FARMS LLC Firm/Company	
	9636 M	Orar Id.	
	Panuma TEG F	City/State and Zip Code ARMS LLC (to be used for future annual report noti	2409 D'Yaha Com
For further information co	E-mail address: ()		lication)
			- 4
Name of	Person .	at (<u>GOG</u>) <u>L/7 (</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

2023 SEP 13 PH 5: 23

JFG FARMS	LiliC		(a, 1)
(Name of the Limited Liability (A Florida Li	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on/	1-16-19	and assigned
Florida document number <u>L/90006/8253</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida :	street address	
		, Florida	
	City	, 1 101144	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 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
AMBR	James bean Quartes	9636 Morar Rd.	GAdd
	Generales	32409 	
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			[]Change
			🗆 Add
			□ Remove

□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi <u>Note:</u>	we date, if other than the date of filing: $9-6-9023$ (optional) entire 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record record is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated	9-6-2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee