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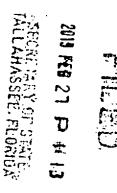
(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor		٠ و٠٠٠	2019 F E 73
		AUD FARM LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The cr	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		REBEKAH LANPHER		
			Name of Person	
		7361 W SR80	Firm/Company	
		FORT DENAUD FL. 339	Address 35	
		BECKYLANPHER@GMA	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	ication)
For fu	rther information co	oncerning this matter, please co	all:	
REBE	EKAH LANPHER		\$28 226 2719	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

FILED

FORT DENAUD 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 Co	ompany were filed on $\frac{01}{2}$	22200C TAFY OF STATiand assigned
Florida document number L19000023887	_•	THE CANADOLE M. COMPE.
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limit	ed liability company h	<u>:re</u> :
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses agent and/or registered agent and/or the new registered agent agen		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, Florida Zip Code
New Designand Ament's Company of sharping Designand	•	ZIP Coae
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in (my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
	If Changing Registered A	gent, 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	REBEKAH E LANPHER	14331 CEMETERY RD FT. MYERS FL 33905	Add
			Remove
			_ □ Change
MGR	MGR DONALD J LANPHER	14331 CEMETERY RD FT MYERS FL. 33905	
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			Remove
			☐ Change

D. If amending any other information, enter change(s) here. (Attach daditional success, if necessary.)
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated February 2. 2019.
Release Lander. Rebekah Lander.
Rebetah Lancher
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00