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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE OIVISION OF CORPORATIONS

Name Change

OCT 4 2019

D CUSHING

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: FO	ida brown to	IOMS ILC ited Liability Company		
The enclosed Articles of An Please return all corresponde				
	JUStin	J. Bayereiss Name of Person		
	Florid	a brown Homes	Realty	
	867	Cumberland Ro	<u>:{</u>	19 OCT -4 PH12:
	<u>\</u> -	City/State and Zip Code	293	-4 PH
		to be used for future annual report notific	YCU (COV Y) ation)	12: 11
For further information con-	cerning this matter, please ca	all:		
Christing Name of Po	Bauereiss	at (941) 586 - 2 Area Code Daytime I	2766 Telephone Number	
Enclosed is a check for the t	following amount:	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration	G ADDRESS: on Section of Corporations 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 $\frac{21110}{21100000000000000000000000000000$
This amendment is submitted to amend the following:
A. If smending name, enter the new name of the limited liability company here: Florida Grown Hornes Realty LLC
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address: Enter Florida street address
Plasida
, Florida
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

Page 1 of 3

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>	Name	Address	Type of Action
			Add
			☐ Remove
			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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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 4 , 2019.
	Signature of a member or authorized representative of a member
	.) UStin J. Bauereiss Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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