KI9 000151916

	_	
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

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22 MAY 23 AM 9: 49

T. MATTHEWS
JUL 26 2022

COVER LETTER

	Registration Se Division of Cor				
cim iez	Printed Far	ms, LLC			
SUBJEC	-Ii <u> </u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		James Ritter			
			Name of Person		
		Printed Farms, LLC			
			Firm/Company		
		1627 DORCHESTER PLA	ACE		
			Address		
		WELLINGTON, FL 3341	4		
			City/State and Zip Code		
		jim@printedfarms.com			
			to be used for future annual report not	tification)	
For furth	er information c	oncerning this matter, please c	all:		
James R	Litter		561 339-0064		
	Name o	f Person		ne Telephone Number	
Enclosed	l is a check for th	ne following amount:			
■ \$2 5.	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 S		Street Address: Registration Se	ection	
	Division of C			Division of Corporations	
	P.O. Box 632	.7	The Centre of	Tallahassee	
	Tallahassee, 1	FL 32314	2415 N. Monra	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ULCRETART DE STATE ARTICLES OF ORGANIZATION DIVISION OF COMPORATIONS OF

22 MAY 23 AM 9: 49

If Changing Registered Agent, Signature of New Registered Agent

Printed Farms, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it ποιν appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000151916 This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1627 DORCHESTER PLACE
(Principal office address MUST BE A STREET ADDRESS)	WELLINGTON, FL 33414
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	•
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, 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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
		 	Change
			□ Remove
			Change
			□Remove
		·	□Add
			□ Remove
			□Change
	·		□Add
			□ Remove
			Change.

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- ·	
<u> </u>	
 	
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iote: If the date inserted in this	the date of filing:
record specifies a delayed effect is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated May 17	2022
_ KARIV	
James A Niter (May 17, 2022 10:27	INT\
	Signature of a member or authorized representative of a member
James A Ritter	Signature of a member or authorized representative of a member