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(Address)	
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(Document Number)	
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# **COVER LETTER**

TO:	Registration Sec Division of Cor			
		and Bookkeeping, LLC		
SUBJEC	/I:	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ro	turn all correspo	ndence concerning this matter	to the following:	
		Dewana E Vaughn		
		<del></del>	Name of Person	<del></del>
		3 D's Farm and Bookkeepi	ու	
			Firm/Company	
		16718 SE 173rd Terrace R	d	
			Address	
		Weirsdale, FL 32195		
			City/State and Zip Code	<del> </del>
		dec.vaughn9663@gmail.co		
		E-mail address: ()	to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
Dewana	Vaughn		at () 437-0853 Area Code Daytim	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	e following amount:		
<b>■</b> \$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

TO:

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

3 125 tain	' ''	
( <u>Name of the Limited Liabilit</u> (A Florida	ly Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L19000166408	ompany were filed on <u>06/15/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim-	ited Liability Company," the designation "LLC" of	or the abbreviation "L. L.C."
Enter new principal offices address, if applicable:	<del>-</del>	<u> </u>
(Principal office address MUST BE A STREET ADDR	PESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flori	
	Сиу	Zip Code
Nam Danistanad tamete Cianatura if shanging Danistana.	1 Amends	

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>	Address	Type of Action
MGR	Dewana E Vaughn	16718 SE 173rd Terrace Rd Weirsdale, FL 32195	_ ■ Add
			☐ Remove
			□ Change
AMBR	Holly M Cagle	16718 SE 173rd Terrace Rd Weirsdale, FL 32195	
			□ Remove
			■ Change
			Add
			□ Remove
			26 Change
			Add S
			Remove
			≦≘ on ⊆ Change
			Change
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	-, '· 	- 24,
7/1/2019		ଲ 
E. Effective date, if other than the date of filing:	ਾਜ਼- tursuant to 6	05.0207 (3)( sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or (b) The 90th day after the record is filed.	n the ear	lier of:
Dated 7-23-19		
Doward Vauch		
Signature of a member or authorized representative of a member  Dewara E Vauyhn		
$NGUONO \leftarrow VOU(0)$		

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Filing Fee: \$25.00