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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
	S& CATTLE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Molly Hoopes		
		Name of Person	
	New Business Filing		
		Fum Company	
	925 Congress Park Drive		
		Address	
	Dayton, Ohio 45459		
		City/State and Zip Code	.
	Molly@newbusinessfiling.	_	
		to be used for future annual report notifica	lient)
For further information	concerning this matter, please c	all:	
Sean Fugate		352 318-7800 at ()	
Name o	of Person	at () Area Code — Daytime To	elephone Number
Enclosed is a check for t	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	∑ Soo,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	rations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 FARMS & CATTLE LLC

2022 HAY 16 AH 7: 45

(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 $\frac{07/03/2019}{1}$ and assigned Florida document number L19000173533 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 26 Farms 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 BON) 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 __. Florida ______Zip Code Cin 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
			CAdd
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			□ Change
			
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Note:	live date. If other than the date of filing:
the recor	d 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 led.
cord is fi	
ecord is fi	May 12 2022