L19000197849

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COVER LETTER

	gistration So ision of Co			
CHOIRCT.	Longleaf F			
SUBJECT:			ited Liability Company	
The enclosed	l Artícles of	*Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Daniel R. Winchester		
			Name of Person	
		Longleaf Farm, LLC		
			Firm/Company	
		842 Richbay Road		
			Address	
		Havana, Florida 32333		
			City/State and Zip Code	
		theepgplan@gmail.com		
		E-mail address: ()	o be used for future annual report no	tification)
For further in	iformation o	concerning this matter, please ca	ill:	
Daniel R. W	inchester		850 591-8400	
	Name o	of Person	at ()	me Telephone Number
Enclosed is a	check for t	he following amount:		
⊒ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose
	iling Addres		Street Address:	votion
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O). Box 632	27	The Centre of Tallahassee	
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Longleaf Farm, LLC		001
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	3 9
The Articles of Organization for this Limited Lia Florida document number $\frac{119000197849}{119000197849}$		anchassigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registere
Name of New Registered Agent:	* <u></u>	
New Registered Office Address:		
	Enter Florida street address	
	. Florid	la

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Virginia A. Ruff	842 Richbay Road	■Add
			□Remove
			Change
			🗇 Add
			□Remove
			Change
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F ffective	date if other than the date of filing: (ontional)	
<u> Note:</u> 11	date, if other than the date of filing:	5.0207 (3) ted as the
ne record : ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated O	tober 26 . 2020	

Typed or printed name of signee