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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: maxwell.minch@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCRUFFY FARMS, LLC

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COVER LETTER

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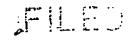
TO: Registration Se Division of Cor			
Scruffy Far	ms,LLC		
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John K. Brown		
	Scruffy Farms, LLC	Name of Person	
	10500 NDU 06TT 11 1 NT1	Firm/Company	
	10589 NW 25TH LANE	Address	<u> </u>
	GAINESVILLE, PL 32600		
	maxwell.minch@gray-robin		
For further information of	E-mail address: (oncerning this matter, please of	to be used for future annual report not	tification)
John K. Brown		352 514-9263 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Pec, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H19000307084 3)



Scruffy Farms, LLC			2019 OCT 16 P 3 34
The Articles of Organization for this Limited Lia	d Liability Compa A Florida Limited bility Company	were filed on 08/05/20	SECRETATION TO A LONG A LONG A LONG A LONG A LONG A LONG AND ASSIGNED
Florida document numberL19000198806			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	10589 NW 25TH LAT	NE
(Principal office address MUST BE A STREET ADDRESS)		GAINESVILLE, FL 3	2606
Enter new mailing address, if applicable:		10589 NW 25TH LAI	NE .
(Muiling address MAY BE A POST OFFICE BOX)		GAINESVILLE, FL 3	32606
B. If amending the registered agent and/oregistered agent and/or the new registered offi			records, enter the name of the
Name of New Registered Agent:	GrayRobinson,	PA	
New Registered Office Address:	720 SW 2nd A	ve. Suite 106 Enter Florida str	eet address
	Gainesville	with I wild site	, 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 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 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 and or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MINCH, MAXWELL L, SR.		□ Add
		11925 SW 1st Lane Gainesville, FL 32607	Remove
			☐ Change
			(C) Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
	<u></u>	 	
			C Remove
			Change
		<u></u>	
			□ Remove
			Change
		<u> </u>	Add
			□ Remove
			Change

D. II au	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H190003076	084
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	October 14, 2019	
Note	ctive date, if other than the date of filing: (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	05.020 sted as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	ller o
Date	d October 14	
	Signature of anticipation of authorized representative of a member	
	John K. Brown	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00