L19000200618

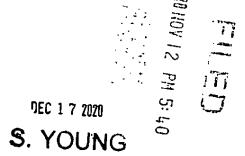
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



300354770223

11/12/20--01010--015 ++25.00



COVER LETTER

| - | ion of Corp | | | |
|------------------|---------------|--|---|--|
| SUBJECT: | | Reel Life Char | ters LLC | • |
| _ | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed A | Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return a | ll correspon | ndence concerning this matter | to the following: | |
| | | | | |
| | | Kenzi Vi | Name of Person | |
| | | | Name of Person | - |
| | | | | |
| | | | Firm/Company | |
| | | 4241 F. | Main Street | |
| | | | Address | |
| | | Jupiter | FL 33458 City/State and Zip Code | |
| | | | | |
| | | devon.t.6 | locke (gma. 1. com to be used for future annual report noti | Gastian |
| For further info | rmation co | ncerning this matter, please ca | | neadon) |
| | | mooning this matter, prease en | 954-548-1 | 4282 (Kenzi Viator) |
| Devin | Name of 1 | | at (561) 777 S | 5311 |
| | Name of t | rerson | Area Code Daytim | e Telephone Number |
| Enclosed is a cl | heak for the | following amount: | | |
| ☑ \$25.00 Fili | | • | □ ¢55.00 p;;; | 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| \$23.00 FIII. | ng ree | ☐ \$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) |
| | | | | (additional copy is environd) |
| | g Address: | | Street Address: | |
| | tration Se | ection rporations | Registration Sec Division of Cor | |
| | Box 6327 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | i |
|--|------------|
| The Articles of Organization for this Limited Liability Company were filed on | Š |
| Florida document number <u>L19000200618</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| LOCKE FARMS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | _ |
| 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 BOX) | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: | _ tered |
| Name of New Registered Agent: Kenzi Viator | _ |
| New Registered Office Address: Enter Florida street address | _ |
| | |
| | _ |

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.

f 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 of removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|----------------|----------------|
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | · - | Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| Authorize | Davon | Locke | as | authorizell | person | to manage | LLC, |
|---|-------------------------------------|-------------------------------|----------------------|--|-----------------|---------------|------------------|
| | | | | | • | 2,5 | 36 |
| | | | | | · | | |
| - | | | | <u> </u> | | - | |
| | | · | _ | | * | | |
| | | _ | | | | | |
| | | | <u> </u> | | | | |
| | | | | | <u></u> | | |
| | _ | | | | | | |
| | | | | | | | |
| <u> </u> | | | | | | | |
| | | | | | | | <u></u> |
| | | | | <u> </u> | | | •• |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | - | - | | |
| fective date, if oth n effective date is listed te: If the date inser cument's effective d | d, the date must ted in this blo | be specific an ck does not | d cannot be meet the | pe prior to date of fili applicable statuto | ng or more than | | |
| record specifies The 90th day aft | | | | ut not an effec | tive time, a | at 12:01 a.m. | on the earlier o |
| ted Novemb | per 3 | \overline{O} | y <u>20</u> | 120 | | | |

Page 3 of 3