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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coordinated States)
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	Registration Se Division of Cor			
SUBJEC	Kent Farms	, LLC.		
SOBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please re	atum all correspo	ndence concerning this matter	to the following:	
		Howard Hugh Kent		
		Kent Farms, LLC	Name of Person	
		178 Mills Road	Firm/Company	
			Address	
		Bainbridge, GA 39817	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	all:	
Howard	Hugh Kent		229 254-6997	
	Name o	f Person	at () Area Code Daytime	Lelephone Number
Enclosed	Lis a check for it	ne following amount:		
□ \$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 radditional copy is enclosed:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, 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

Kent Farms, LLC (Name of the Limited Liab (A Flor	pility Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number L19000204170	/ Company were filed on Aug	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "L	limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent.		our records, enter the name of the
New Registered Office Address:	Enter Floria	'a street address
		Florida
	Cin	, Florida Zip Code

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, it 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
CEO	Howard James Kent		□ ∆க்
		2041 Rex Circle	U PRAC
		Chipley FL 32428	Remove
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an effective date is liste ote: If the date inser	ner than the date of d. the date must be specificated in this block does date on the Departmen	fic and cannot be puo- not meet the applic	to date of liking or mor able statutory filing :	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605.020 vill not be listed a
e record specifies The 90th day aft	s a delayed effecti ter the record is fi	ive date, but no iled.	ot an effective tir	ne, at 12:01 a.m. c	on the earlier o
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ated	Signature	of Anember of auth	onzed representative of	a member	

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Filing Fee: \$25.00