119000214171

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
FC	ox Hollow F	ams LLC	
SUBJECT: 1 C	Name of Limit	ted Liability Company	<u></u>
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Kenin F	Name of Person	
	Dune	Firm/Company	
		Риписопрану	
	26298 At	into La. Address	
		Address	
	Brocksill,	FC 34601 City/State and Zip Code	
	Chicken Hill E-mail address: (1	City/State and Zip Code FOUM @ OUTLOOK to be used for future annual report not	ι ζον ification)
For further information co	oncerning this matter, please ca		
Kenin Fl	ug d	a1352) 616	-8456
Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

О	F	KF 4/21/20
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000ス14171</u>	were filed on <u>Ac</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. Chicker Hill Freedom Farm. The new name must be distinguishable and contain the words "Limited Liabile."	Limited Linds	
Enter new principal offices address, if applicable:	SANE	
(Principal office address MUST BE A STREET ADDRESS)		202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SANE	HAY -5 AM II: 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent: 5AW	巨	
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	in out
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this cape performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or. if this document is

NIA

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If ame ling Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MCR = Manager

MOK =	Hanagei
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□.Add
	No changes	>	□Remove
_	NO Changes ONLYNAME &	HANGE -	☐ Change
			SE SE Add SE S
			Sa J□Remove
			□ Change □ Add
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	<u>20</u>	Other	changes	, only	NAME	CHANGE
						
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Filing Fee: \$25.00